MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7967 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEAT	rederick		MARYLAND	2. USUAL RESIDENCE	E (Where deceosed	lived. If institut b. COUNTY		before admissi	ion)
RURAL ond gi	VN (If outside corporate fim ive nearest tawn) UNSWICK	its, write	c. LENGTH OF STAY IN 16	Brunsw:	N (If autside carpore	ate limits, write I	RURAL and give	negrest town)
d. NAME OF HO OR INSTITUTI	ospital (if not in hospital. (ION 50 East	60 - 60	oddress)	d. STREET ADDRE	50 Eas	t "D"		-	IDENCE FARM? NO MA
3. NAME OF DECEASED (Type or print)	Nina Fi	rel	Middle Middle	Anderso	4. DATE OF DEATH	7	17		reor 19 58
5. SEX Female	6. COLOR OR RACE White	WIDOWI		6-21-1892	2	lost birthdoy) O yrs.	Months Do	EAR IF UNDE	
Hou Hou	Norking life, even if refired	done 10b.	KIND OF BUSINESS OR IND Home	Mary:	land	inlry)		OF WHAT	COUNTRY?
9. FATHER'S NAME	George M.	Merr	iman	14. MOTHER'S MAII		e Mart	in		
15. WAS DECEASED (Yes, no. or unknown)	DEVER IN U. S. ARMED FOR			Mr . C . C . And	derson,		ick, Ms	rylar	ıd
	DEATH [Enter only one or DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c	GC	ne for (a), (b), and (c).]	me June	ligh ?			S D A	TWEEN DEATH
gove rise t	if any, which) to immediate thing the under	'SV	man in	whether	-			7	
20a. ACCIDENT	OTHER SIGNIFICANT CON		CONTRIBUTING TO DEATH BU				VEN IN PART 16	PERFO	RMED?
20c. TEME OF IN	NJURY Month, Day, Ye	ar 20d. If While at war	Nat while f	PLACE OF INJURY (Hame actory, street, affice bldg		or lown)	(Cour	nty)	(State)
21. I certify alive an ACTUAL SIGNATURE	y that I attended the	deceas 19.0	7	h occurred at	M, fram	the causes of th	and an the	date state	
PHYSICIAN'S NAME (Type)	C.E.Pruit								
220. BURIAL, CREM. REMOVAL (Spe Buri	ATION, 226. DATE THERECONITY) 21 7-20-1		22c. NAME OF CEMETERY			ON (City, tawn,		(State	2)
23. FUNERAL DIRECT			ADDRESS nswick, Mary	240.	REC'D BY REGISTR	AR 246 REGI	STRAR'S SIGNI		

VS A15 (4) 15M 9/55

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CERTIFICATE OF DEATH

	105	E G CERTIFIC	AIL OI DEAII		Reg. Dis	it. No.
1. PLACE OF DEATH b. COUNTY Fred	erick	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryla	- b	COUNTY	ce before admission)
b. CITY OR TOWN (If out: RURAL and give nearest Frederick		e c. LENGTH OF STAY IN 16 2 Month	c CITY OR TOWN (IF o		nits, write RURAL and g	rive negrest town)
d. NAME OF HOSPITAL (I	f not in hospital, give stre l Saints Sti	net address)	d. STREET ADDRESS	Saints S	treet	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Cora Lee	Middle Diggs Bowie	Last	4. DATE OF DEATH	Month July 7	Day Year 19 58
	COLOR OR RACE 7. M.	ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Feb. 10-1897	9. AGI	E (In years birthdoy) yrs.	
Oo. USUAL OCCUPATION (C during most of working I Domestic	live kind of work done 1 ife, even if retired)	06. KIND OF BUSINESS OR INDI	USTRY 11. BIRTHPLACE (Stote		Co. Maryl	ZEN OF WHAT COUNTRY
3. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME		
Owen Di	ggs		Ruth Ross			
15. WAS DECEASED EVER IN (Yes, no. or unknown) (If yes,	U. S. ARMED FORCES? give war or dates of service)		informant alter Diggs	162 W. Al	Address 1 Saints S	t. Fred. Md.
Conditions, if only, a gove rise to imme costs (o), storing the plying couse tost. Part II. OTHER S	diote DUE TO	Acute myons CONTRIBUTING TO DEATH BU	cardial surge		DITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER S 200. ACCIDENT WAS UN OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION OF INJURY AND HOUR O. M. P. M.	AUSE OF DEATH ICAL EXAMINER)	ile Not while fo	ED. (Enter noture of injury in P LACE OF INJURY Home, form, sciory, street, office bldg., etc.	20f. (City or tow		YES NO County) (Stote)
21. I certify that I alive an Actual SIGNATURE PHYSICIAN'S NAME (Type)	attended the dece	eased fram fully 258, and that deat	_M.D	P.M., from the ADDRESS (Street, cit	causes and an th	ost saw the decease ne date stated above DATE SIGNE
220. BURIAL CREMATION. (REMOVAL (Specify) BUTIAL	7- 10-58	Bartonsville			ity, town, or county)	(Stote)
23. FUNERAL DIRECTOR'S SIC Charles E. Hic		ADDRESS ederick, Md.		D BY REGISTRAR	245 REGISTRAR'S SIG	-

d in by the funeral director, I and 2 should be filed with 24 hours after death. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within may be relained by the haspital or of ding physician.

TO FUNERAL DIRECTOR: After this celemate has been signed by the attending physician and completely page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Page the registrar prior to burial, crematian, or remayal, and in any event within 72 hours, after death. VS A1S (4) 15M 9/S5

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EDICEL EMAMNER: Ibis certificate should be executed within 24 hours after death. If any delay is necessory, please executed	ote	he	DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar priar to burial, cremation,	
1/2	E	0	S. C.	

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S TO DEFIUTY MEDICAL ENAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please	Page		buriof,	
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M)	1. [LACE OF DEATH	Frederick			MARYLAN		G. STATE	Peni		sed lived. If b. C	Instituti OUNTY	on: Resid	ence bef	ore odn	vission)
	t	ond give negrest town)	outside corporate fimits, wri	e RURAL	c. LENG	TH OF STAY IN 1	b	c. CITY OF	R TOWN (II	outside co	rporote limits	, write R	URAL and	d give n	eorest to	own)
	_	Rural-Jef								elphia	l		/	> X	1 10.0	
00	C	L NAME OF HOSPITA	L OR INSTITUTION	(If not in hos	pital, give	street oddress)		d. STREET							ON	RESIDE
-		Route #	31,0							1	l Aven] NO
-	1	NAME OF DECEASED	Fi	raf		Middle		Las	H	4. DATE OF		Month		Day		Year
F	4	Type or print)	John	7	en (El vie	Edward	10.04	Ciak		DEATH	9. AGE (In	Jul	FUNDER	23		1951
E	1. 3		6. COLOR OR RACE	WIDOWER		DIVORCED T	D	ec.20			foot birthol	7	Months	Doys	Haurs	-
	100	male	White			Lui	1			or foreign		yrs.	In cit	IZENI OI	E WHAT	COLL
	d	luring most of working	life, even if retired)							or roreign	committ.				HEAL	COOL
	-	FATHER'S NAME	er		raper	Industr		MOTHER'S	Penna	JAME				JSA		
		John C	intrie				14.			_	me uni	co com	m)			
	15.	WAS DECEASED EVE		RCES? 16.	SOCIAL SE	CURITY NO. 17	. INFOI) (merzy	2012 280		Address	44/	-	-	
	(Yes		(If yes, give wor or dates of	service)	1-12-			Soph	in Cit	nlei e l	1550 S		ei al	A A wa	o TI	
		18. CAUSE OF DEAT	H [Enter only one ca				MT 3	DODII.	TE OTO	an 13/2	וט טככן	CHEL	TTGT	INTER	VAL BETW	VEEN
		PART I. DEATH	WAS CAUSED BY		~1		1	1	Pan	1-				ONSE	T AND DE	EATH
1		819 x	MMEDIATE CAUSE (a DUE TO	هـــــــــــــــــــــــــــــــــــــ	-03		1 1	. 0	0	//	0	1	L			
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		(o), stoting the vi	(c	7	rain	time ()	inf.	クノーン	Carl.							
	NO	PART II. OTHE	ER SIGNIFICANT CON	DITIONS CO	ONTRIBUTII	NG TO DEATH BL	THOT	RELATED TO	THE WERM	INAL DISEA	SE CONDITIO	N GIVE	N IN PAR	1 l(a) 1	9. WAS	AUTO
0	CAT													1	YES	NO
	RTIFE	20g. EXTERNAL CAUS	SE WAS	06. DESCRIBE	HOW IN	JURY OCCURRED	. (Enter	noture of in	njury in Por	t I or Part I	of item 18.)	-				
	I CE	CAUSE OF DEATH.				ack end						of J	effe	rson	a Md	
12	MEDICAL	20c. TIME OF INJURY	Y Month, Day, Ye	or 20d, 1		CURRED 20e. I	LACE O	F INJURY (Hame, form	20f. (Cit	y or town)		(Ca	unity)		(\$1
10	ME	5	7/23 15	8 of wo	rk St at	work St.	Hig	hway .	340	Rur	al-Je	ffer	son.	Fred	lk. 1	Md.
			at I took charge							y 🔲, 1	nspection					
		death resulted	from: Natural	causes	, Acc	ident 🕱, 🥸	vicide	⊇ 🔲 , H	lomicide	, U	Indetermi	ned co	use [].		
			0111												-	SIGNE
P)		SIGNATURE	Ultro	ne	de		M.	D. CHIEF A	MEDICAL EX	CAMINER [
d		EXAMINER'S								AL EXAMIN	-			Jul	y 21	49 .
		NAME (Type)	B.O. The						MEDICAL	EXAMINER	3					
	220	BURIAL, CREMATION REMOVAL (Spacify)			MOS	t Holy F	OR CRE	MATORY	Cem	-	ATION (City,				(Sta	
	00		July 28	ーエスンの	ADD		-540		,		iladel	-			Pen	na
		-R-Etchiso		Fr		ick, Md.				D BY REGIS	.=0	REGIST	RAR'S SH	NATU	9	
					- 002	TOTAL STATE		-	DATE	JUL 25	'58	UU	Ales	wel	4	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07945 Reg. Dist. No.

> e. IS RESIDENCE ON A FARM? YES NO T

> > Year 19 58

FUNDER TYPAR IF UNDER 24 HRS.

yrs. 12. CITIZEN OF WHAT COUNTRY? USA nown) neffield Ave-Phila Pa. INTERVAL BETWEEN ONSET AND DEATH GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO F f Jefferson Md. (County) (Stote) ferson Fredk. Md. x, Inquiry x, and find that d cause . DATE SIGNED July 24, 1958 wn, or county) (State) hia Penna EGISTRAR'S SIGNATURE

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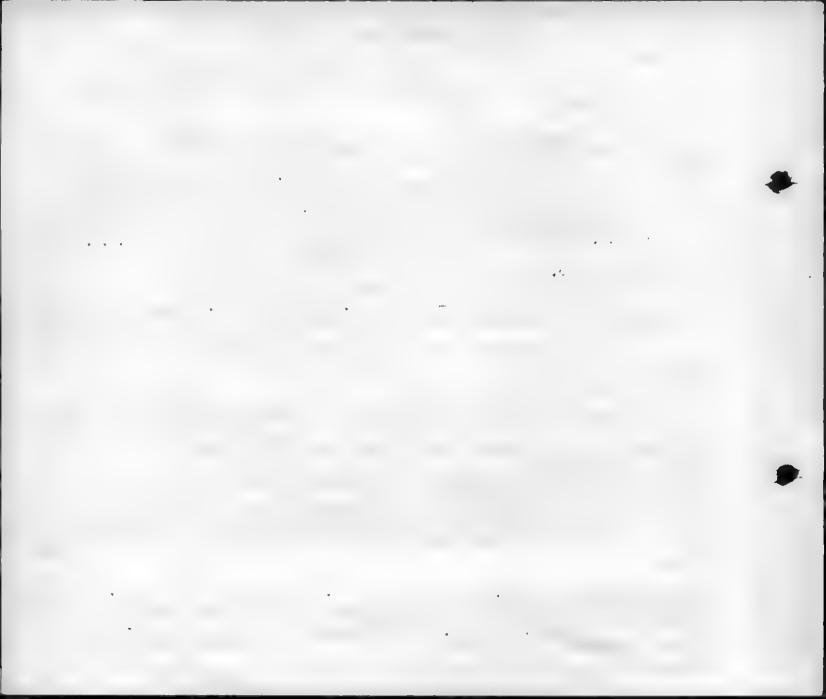
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07946

7943 CERTIFICATE OF DEATH

Reg. Dist. No.

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1. PLACE OF DEATH a. COUNTY FR	EDERICK		MARYLAI	- 11	USUAL RESID	ENCE (Who			institutio DUNTY		nce befo		sion)
b. CITY OR TOWN (If RURAL and give no FR	outside carporate limi orest town! EDERICK	ts, write	c. LENGTH OF STAY IN LIFE		c. CITY OR T	PREDE	RICK	orate limits,	write Rl	JRAL and	give nec	arest law	n)
OR INSTITUTION	AL (If not in hospital, g RICK MEMOR				d. STREET AI		t 15	th St	rest				FARMS
3. NAME OF DECEASED (Type or print)		VIS	Middle		CLARK	, JR.	4. DATE OF DEATH		JUL		21	,	Year 19 58
5. SEX Male	White	WIDOWE	-] A	ATE OF BIRTH	6, 190		9 AGE (In last birt 50	hday) yrs.	Mooths	R 1 YEAR Doys	IF UND Hours	ER 24 HRS Min.
Retired R	N (Give kind of work ing life, even if relired of Brakem)	tane 10b.	KIND OF BUSINESS OR II	NDUSTRY		CE (State o	r foreign d	country]			TIZEN O		COUNTRY
13. FATHER'S NAME				1	4. MOTHER'S	MAIDEN NA	AME						
Lewis Cla						n Sn	etz						
15. WAS DECEASED EVER	IN U. S. ARMED FOR	(BOLVY)	SOCIAL SECURITY NO. 214-10-3424	17. INFO	rmant Irs. Le	vis Cl	lark,	St.	Kn		Lle,	Mar,	yland
Canditions, if an gave rise to in cause (a), stating the lying cause last.	TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO IV. which Inmediate the under- (c)		ONTRIBUTING TO DEATH	BUT NO	T RELATED TO	the TERMIN	AAL DISEAS	July J	ON GIVI	7 EN IN PAI	ONS	9. WAS	DEATH J-O.
G (IF EITHER, NOTIFY I	CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE\$C	RIBE HOW INJURY OCCU	JRRED. (E	inter nature af	injury in Po	arl I or Por	rt II of item	18.}				ио 🔀
20c. TIME OF INJURY Haur a. p. m.	f Manth, Day, Yea	While at wark	Nat while	factory	OF INJURY (H	ame, farm, bldg., etc.)	20f. (Cit	y or town)		((County)		(State)
alive on	nt lattended the	12.	E. A. and that de	eath oc	7 We		DDRESS (S	m the cau	r lawn, i	nd on 1	the da	te state	deceased ed above. ATE SIGNED
22g. BURIAL, CREMATION REMOVAL (Specify)	July 24		22c. NAME OF CEMETER	_	REMATORY			TION (City.			and	(Stol	e)
23. FUNERAL DIRECTOR'S	SIONATURE?	1 /	ADDRESS K	118		240. REC'D	BY REGIS	TRAR 2#b		TRAR'S SI		RE	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH chian Reg. Dist. No. shauld PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY C. STATE b. COUNTY Frederick MARYLAND Maryland Frederick b. CITY OR TOWN (IF outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negrest lown) Rural Between Buckeystown & Hopehill Hopehill Frederick County 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Monococy River Rente 2 YES 🔲 NO 🔽 3. NAME OF Middle 4. DATE First Lost Month Year DECEASED (Type or print) Charles DEATH Edward Coslev July 19 58 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH 9. AGE IIn years IF UNDER TYPAR IF UNDER 24 HRS. lost birthday) Months 6-18-1917 Male Colored WIDOWED [DIVORCED [0 VIN. 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) and Laborer for Montgomery Co. Sanitation Dept. Libertytewn-Fred Co. Md 9 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pages Alfred Cosley Boulah Cosley 10 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes Madeline Cosley- Rt. 2 Frederick, Md. 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause **DUE TO** (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(D) 19. WAS AUTOPSY PERFORMED? NO K 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Drowned when he fell from a tree 20c. TIME OF INJURY 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, form, 20f. (City or town) Month, Day, Year (County) (State) foctory, street, office bldg., etc.) of work at work Monocacy, street, p. m. hr. Ruckeystamn Mal. D. III. 21. I certify that I took charge of the remains described above, held an Autapsy [7], Inspection [7], Inquiry [7], and find that Accident M. Suicide death resulted fram: Natural causes 1. Hamicide . Undetermined cause the Chi DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER [7] D D SIGNATURE cute the cert farwarded to D FUNERAL ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 22a BURIAL CREMATION, 122b, DATE THEREOI 22c, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) **REMOVAL** (Specify) 0 Ho pehill Frederick Ca 23. FUNERAL DIRECTOR'S S'GNATURE ADDRESS 24a, REC'D BY REGISTRAR 24b. REGISTRAR S SIGNATURE

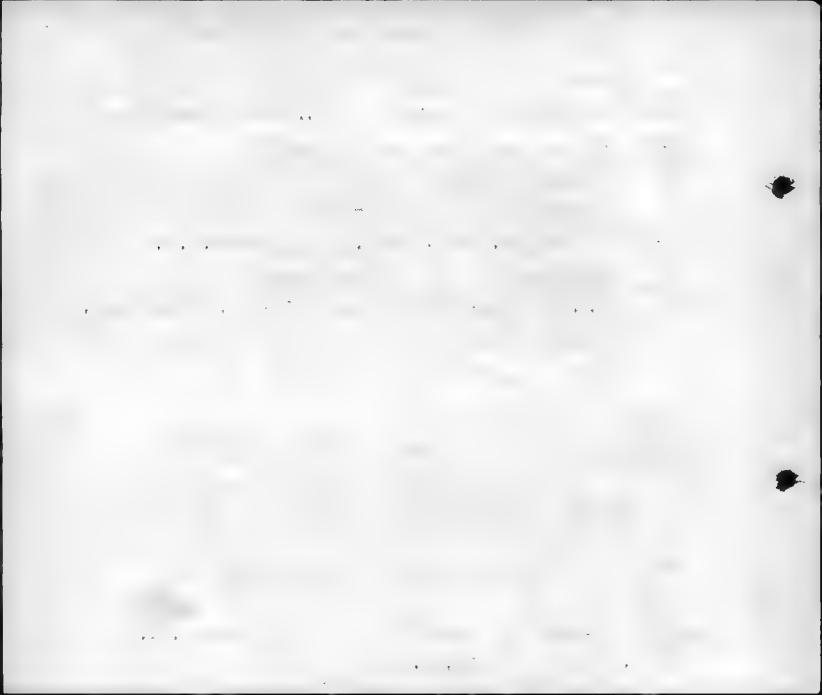
Frederick. Md.

DATE

VS. A15ME(S) 5M 9/55

Charles E. Hicks 111

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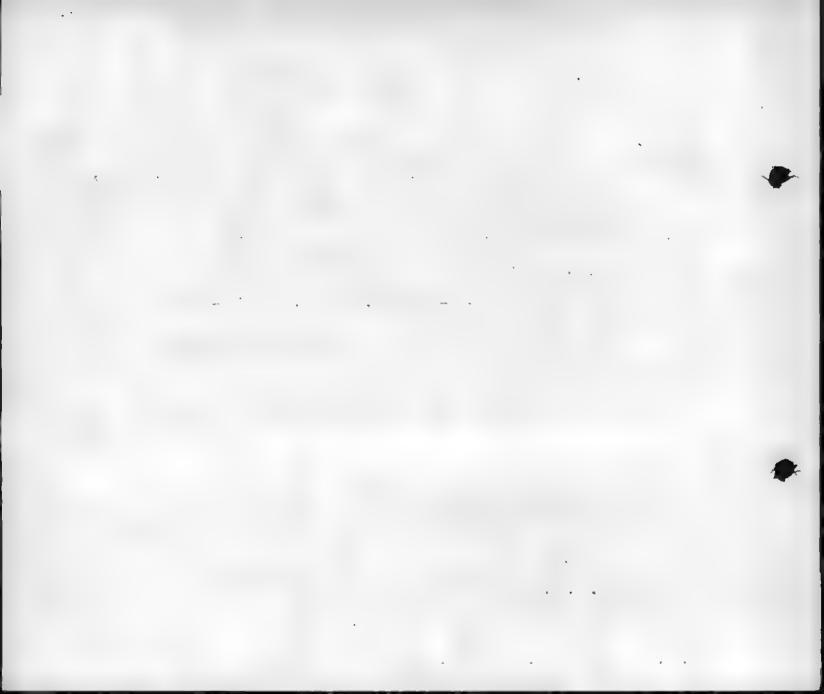
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7944 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07949

		T F	-0	U
Reg.	Dist.	No		

					1011 1001	
1. PLACE OF DEATH D. COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (V	where decessed land	ed lived. If Institut		ederic	
b. CITY OR TOWN (If outside corporate limits, write RURAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN (III		orate limits, write			
Frederick Years	11	erick				
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	, d. STREET ADDRESS					RESIDENCE
450 West South Street	450 West S	outh S	treet			N A FARM?
3 NAME OF First Middle DECEASED (Type or print) GRAYSON FILMORE	CRUMMITT	4. DATE OF	Month Ju		Day 30,	Year 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8		DEATH			TYEAR IF UN	
	eptember 1,		32 yrs.		Days Hour	1
10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUST during most of working life, even if refired)	m			12. CITI	ZEN OF WHA	T COUNTRY
Laborer Brush Factory	Ma	ryland			US	A
13. FATHER'S NAME	14. MOTHER'S MAIDEN I					-
Merhl C. Crummitt	Mabel M	Contgo	ery			
(Yes, no, or unknown) { (If yes, give wor or dates of service)	IFORMANT		Address		110	
	. Mabel M. C	rummit	t-Same a	s ite	m #2	
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART 1, DEATH WAS CAUSED BY:	Na .	, ,	0	,	ONSET AND	WEEN DEATH
IMMEDIATE CAUSE (a)	wound	l un	chret	-	22200	(0)
DUE TO						
gove rise to immediate cause			-			
cause last.						
	OT RELATED TO THE TERM	INAL DISEASE	CONDIT ON GIVE	EN IN PART	1(a) 19. WA	S AUTOPSY
CATE					YES [NO 4
PART II, OTHER SIGNIF CANT CONDIT ONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH.	nter nature of injury in Par	t I or Part II o	of Item 18.)			
20c TIME OF INJURY Month, Day, Yeor 20d INJURY OCCURRED 20e PLA Facts of work of work of work of work	E OF INJURY (Home, form ry, street, office bldg., etc.	20f (City	or town)	(Cau	nly)	(Stote)
21. I certify that I took charge of the remains described aba	ve, held an Autaps	y 🔲, In	spection X,	Inquir	y X, and	I find tha
	ide [], Homicide		determined c			
ACTUAL BOTHOTHER	M.D. CHIEF MEDICAL EX	(AMINER			DATI	SIGNED
EXAMINER'S Dr. B. O. Thomas	ASSISTANT MEDICAL	AL EXAMINER			7/31	/1958
220 BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY	22d. LOCAT	ION (City, town, a	r county)		ale)
Burial August 1, 1950 Frederick Mcm	orial Park		Freder	ick,	Maryla	und
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		D BY REGISTR		4	2	
M. R. Etchison & Son, Frederick, Marylan	d DATE A	UG 4 '5	18 UW.	Lear	ich	

VS. A15ME(5) 5M 9/55



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FUNERAL DIRECTOR:

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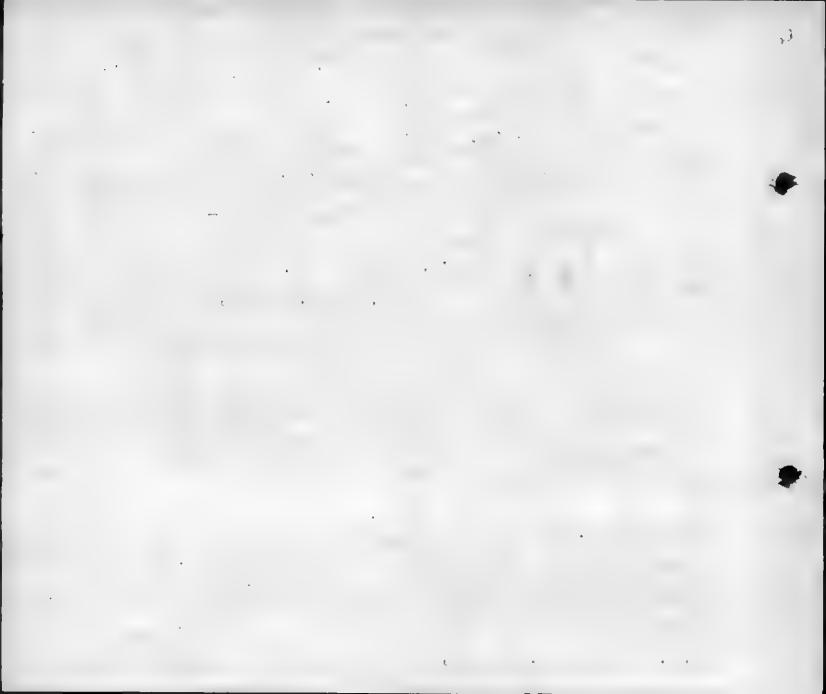
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15M 9/55

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1.1			MARYLAND STATE DEPARTMEN	NT OF HEALTH—BALTIMORE, 18 ()7951
X			7946 CERTIFICAT	TE OF DEATH Reg. Dist. No.
director led with		1. (PLACE OF DEATH COUNTY Frederick MARYLAND	o. STAT Maryland: O. STAT Maryland: D. COUNTY Frederick
nearn. nerol 1 be fi			CCITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
e fu Soulc		H	Frederick 1. NAME OF HOSPITAL (If not in hospital, give street address)	Bruns wielc d street Address o. 15 RESIDENCE
by th	1.4		ORINSTITUTION Memorial Hospital	614 Brunswick Street ON A FARM?
A no Para I ar		3.	MARKE OF First Middle DecCASED Form Loslie Form	Last 4. DATE Month Day Year OF DEATH July 19 1953
25		5. 5	THE REAL PROPERTY OF THE PARTY	DATE OF BIRTH 9. AGE (In years VF UNDER 1 YEAR IF UNDER 24 HRS
p de c	-			April 11-1897 61 yrs
completaly papers. Pageth.	1		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
and bon i		_	Machinest B.&.O.R.R.Co	Maryland U.S.A.
cion cion cion s corte		13.	Franklin L.Forrest	Lillian Ridgeway
Shysi move hour		15.		ORMANT Address
ing p			World war I Mrs	Willa Forrest, Brunswick, Maryland
eatt endi leas Ithin			18. CAUSE OF DEATH [Enter only one couse per line for (o), (b) and (c).]	INTERVAL BETWEEN ONSET AND DEATH
e att			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A C J to PU	Immary edoma 3 days
Thorred by the			Conditions, if any, which) A CASE MUSIC	country to the total of
res remi			gove rise to immediate	
requents			lying couse lost.	zelovozit 5 ,
physicii on beer ial-tran	, a	CATION	PART 41. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO
ing ing ing h the bur		CERTIF	200 ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Port I or Port II of item 18.)
ol or o his ce use as		MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a. m. While of work old work foctor	E OF INJURY (Home, farm, ty, street, office bldg , etc.) 20f. (City or town) (County) (Slote)
Spite fer h			21. I certify that I attended the deceased from July 1	D. 1958, ta July 19, 1958 that I last saw the deceased
He				ccurred at 123 AM, from the causes and on the date stated above
OK ASS ined by t DIRECTO Id be det prior to			ACTUAL SIGNATURE J. R. Schoolman M.E	DATE SIGNED DATE SIGNED DATE SIGNED DATE SIGNED DATE SIGNED DATE SIGNED
AL AL	1		PHYSICIAN'S L. P. Schoolman	# # # # # # # # # # # # # # # # # # #
may be 1 TO FUNER page 3 s	•	220	BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CEMETERY OF CEMET	
The Spara		23	Burial 7-21-58 Park Height Fruneral Direction's Signature Address	
VS A15 (4) 15M 9/55	1,1	25.	Brunswick, Maryland	24a, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE
15M Y/55	11	<u> </u>	Mr. O'TEA	CAN THE COUNTY



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CERTIFICATE OF DEATH

		1341		CERTI	ric,	AIE OF D	EAIL	1			Reg. C	Dist. No		
1.	PLACE OF DEATH B. COUNTY F rede:	rick	4	MARY	LAND	2. USUAL RESID o. STATE Mary		era deceas		YTALLC	eder		re admls	sian)
	b. CITY OR TOWN (I RURAL and give no	f autside carporate limi carest fown)	s, write	c. LENGTH OF STAY	IN 16	c CITY OR TO				write RI	JRAL ond	give ne	arest law	n)
L.		erick		3 g year	9	/ Rura		ersv	ille					
L	d NAME OF HOSPIT OR INSTITUTION	Al (If not in hospital, g				Rout		1		~~~			ON A	SIDENCE A FARM?
3.	NAME OF DECEASED	Fir		Middle		Lost		4. DATE		Mani	th	De	у	Yeor
	(Type ar print)	EFFIE	I	STELLE		GAVER		DEATH	1		y 2			19 58
5.	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIE	0	B. DATE OF BIRTH			9. AGE (In last birt	years hdayi	IF UNDE		IF UND	ER 24 HRS
L	female	white	WIDOW	ED X DIVORCE	· 🗆	Feb. 16	, 18	70	88	yrs,	1740711113	Days	naurs	Milli,
100	USUAL OCCUPATION during most of work	ON (Give kind at wark in king life, even if retired	one 10b	KIND OF BUSINESS O	RINDU	STRY 11 BIRTHPLA	CE (Stote	or fareign	country)		12. C	ITIZEN C	OF WHAT	T COUNTRY
_	House	wife	70	m home					Md.		U.	S.A	•.	
13,	FATHER'S NAME					14 MOTHER'S		_						
		n Grossni				Sali	na W	arne						
	t no or unknown)	R IN U. S. ARMED FOR (It yes, give wor or dates of s	CESP 16.	SOCIAL SECURITY NO.		NFORMANT					eff		on S	st.
<u> </u>	no					s. Ethe	I Sh	aver	Fre	ger	cick		Md.	
l		TH [Enter only one co TH WAS CAUSED BY:	use per li	ne for (a), (b), and (c)]	4	-							ERVAL BI	
		IMMEDIATE CAUSE (o		Caran	WH	coton	4						VU	174
	199.2	DUE TO												
	Conditions, if as	mmediate (·										
	couse (o), stoling													
_	lying cause lost.) (c					Table Of Back				## 1 10 1 ft 1		D 1414	AUTORY
CERTIFICAMON	PART II. OTP	SER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	AIM BUI	NOT RELATED TO	THE TERMI	NAL DISEA	SE CONDITI	ON GIV	EN IN PA	RT 1(a)	PERF	ORMED?
	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CCURRE	D. (Enler nature af	injury in f	art I ar Pa	rt 31 of item	18)				
MEDICAL	20c TIME OF INJUR Hour a.m. p. m.	Y Manth, Day, Ye 19	While			ACE OF INJURY Include, street, affice			ly or tawn)			(County)		(State)
	21 L cortify th	at I attended the	decens	and from	111	L. 1958	ta	7/6	26	10.57	that	lest o	rw the	decease
	alive an	-7/	19.4			accurred at								
	1			P	o contr	, occorred u.g.			Street, city a			1110 00		ATE SIGNI
	ACTUAL SIGNATURE	anus B.	Th	man		M. Pro	fess	1ona	1 Bld	8				
	PHYSICIAN'S NAME (Type)	Dr. James	В.	Thomas,				Fre	deric	k,	Md	•		
220	BURIAL, CREMATIO	1		22c. NAME OF CEME				22d LOC/	ATION (City.	lawn, c	er county		(Sto	te)
	Burial	7/ 28/	1958	Ol MY ADDIT	ick	le's	Nr		ersvi					/d.
23	FUNERAL DIRECTOR	SSIGNATURE	18	ADDRESS			240 36	A Rel	TRAR	REGIS	TRAR'S S	- 1	RE	

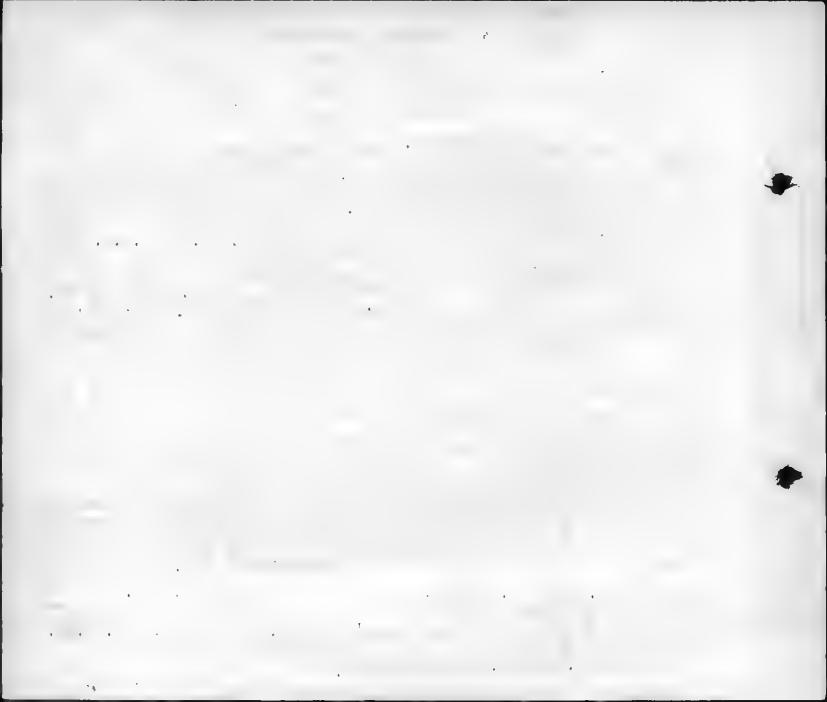
TO HOSPITAL OR ATTENDING PHYSPITAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 in by the funeral directar, and 2 shauld be filed with may be retained by the hospital of ding physician.

TO FUNERAL DIRECTOR: After this to the has been signed by the attending physician and campleteled page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages I the registrar prior to burial, crematian, ar remayal, and in any event within 72 hours affer dealth.

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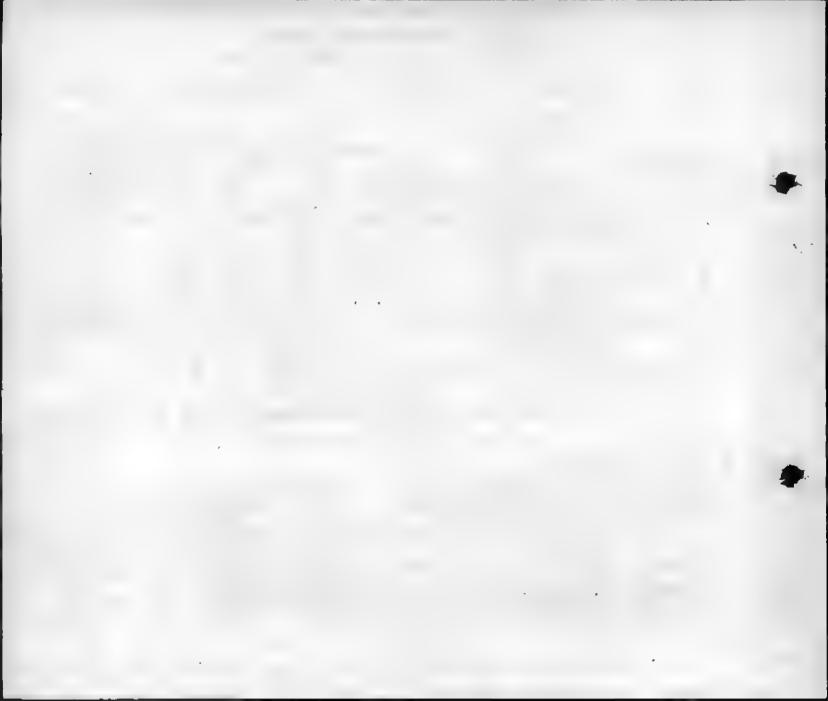
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000		TO FUNERAL DIRECTOR: After this care for hos been signed by the attending physician and campleted the discussion of campleted the contractor	page 3 should be detached for use as the buriat-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fifed with	
TO HOSPITAL OR ATTENDING PHYS IN: The law requires that the death certificate be executed within 24 haurs after death. Page 4		funeral	ıld be fj	
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MIA	may be retained by the hospital or ding physician	ERAL	sho	in to a
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VS A15 (4) 15M 9/\$5

-		MARY	LAND	STATE DEPA	RTM	ENT OF H	IEALTH	I—BAL	TIMORE, 1	8		151 O B	- 0
			794	8 CERT	FIC	ATE OF E	DEATH	1		Reg. Di	-	795	03
ħ	, PLACE OF DEATH						DENCE (Wh	ere decease	d lived			e odmissi	on)
	a. COUNTY	Frederick		MAR	PLAND	a. STATE	Mar	yland	b. COUNTY		Fred	lerio	k
	b. CITY OR TOWN RURAL and give	(If outside corporate lim negrest town) ECETICK	ls, write	c. LENGTH OF STAY	IN 1b	c. CITY OR		unide corpo dericl	prate fimils, write R	URAL and	give near	rest fown)
	d NAME OF HOSE OF HISTITUTION Freder:	ick Memorial	Hos	oddress) pital	,	d. STREET		North	n Market	Stre			DENCE FARM?
	I. NAME OF DECEASED (Type or print)	CARL		Middle ELIZ		H HA	HN	4. DATE OF DEATH	Mon Jul		Doy 2		reor 19 58
) -	s. sex Female	6. COLOR OR RACE	7. MARI	RIED A NEVER MARRI	-	B. DATE OF BIRT		0	9. AGE (In years last birthday)	Months	Days		
1	On TISTIAL OCCUPAT	ION (Give kind of work	door 10h						(E yrs	12. CI	TIZEN OI	F WHAT	COUNTRY
ı	Housew.	orking life, even if retired) A	t Hame		M	laryla	nd			US	SA	
Ī	3 FATHER'S NAME					14 MOTHER'S						*	
		omas Warner					Lydia	EUZIC					
	1724 ng or unknown) NO	VER IN U. S. ARMED FOR	arvica)	SOCIAL SECURITY NO		. C. Cla	yton 1	Hahn,	Same as		#2		
F		EATH [Enter only one co	use per li	ne for (a), (b), and (c)	1.							RVAL BE	
ı	PART I. DI	EATH WAS CAUSED BY: IMMEDIATE CAUSE (c		Periton	ul	Lo						40	(Luyo
ı	Conditions, if	DUE TO	- 11	rado Torma	_	,							/
ı	gave rise to	immediate Dur To		MINI NO IMA	ALL S								
	lying cause los	<u>i.</u>							·				
	PART II. O	THER SIGNIFICANT CON	e sMOITIGI	CONTRIBUTING TO DE	ATH BUT	I NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GIV	'EN IN PAI	tT 1(o) 19	PERFO	NO T
		VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY C	CCURRE	D. (Enter nature o	of injury in P	ort I or Por	1 11 of (tem 18.)				
	20c. TIME OF INJU	10		NJURY OCCURRED		ACE OF INJURY Inclory, street, office			y or town)	(County)		(State)
ı		that I attended the	-		γJ	13., 19.58	. 10	715	-3 19 <i>50</i>	.that I	last sa	w the	decease
	alive an	7/2	3 ., 125	and that	death		10:15		m the causes o	and an I		e state	ed abave
	ACTUAL	10.	a s	Times		D			itreet, city or town,	slote)	-	DA 7 /01.	TE SIGNE
	SIGNATURE	Junes	1/0.	MAMO	7,	MD Proie	sslon	al bu	ilding			/24/	20
L	PHYSICIAN'S NAME (Type)	Dr. James	3. Th	omas		Frede	rick,	Mary	land				
7	20. BURIAL, CREMAT	July 25.	L958	Frederick	ETERY C	or crematory portial Pa	rk	22d. LOCA	TION (City, town) Frederick	or county)	N	(Stou	land
1	3. FUNERAL DIRECTO		973	ADDRESS			24a. REC'I	BY REGIST	TRAR 246 REGI	STRAR'S SI	GNATUR	E	
_	M.R. Lt	chison & Son	ı, Fr	ederick, M	aryl	and.	DATE	-9-9-	150 A				
								AP V O	20 -000	1, 200			



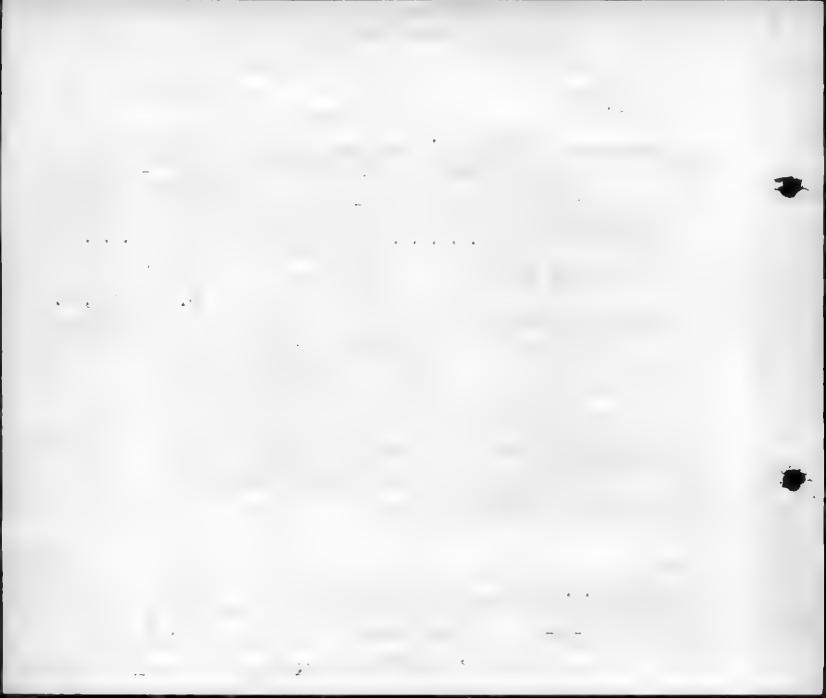
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CERTIFICATE OF DEATH TOCO

/				90						R	eg. Dist. N	o,	
	1.	PLACE OF DEATH o. COUNTY	Frederic	k	MAR	rland	2 USUAL RESIDER O. STATE	ary1	deceased lived.	If institution: COUNTY	Residence bel	ore admission	m)
		b. CITY OR TOWN (II RURAL and give ne	outside carporote limit arest town)	s, write	c. LENGTH OF STAY	IN 1b	_		de corporate lin	nits, write RUR/	L and give n	earest lawn)	
	<u> </u>	Brunsw			Life		Bruns					,	
A.		OR INSTITUTION	AL (If not in hospital, gi		nut St.		d. STREET ADC		05 Wal	nut St	rect	e. IS RESII	ARM
		NAME OF DECEASED (Type or print)	James fin	·†	Clark		aller	4,	DATE OF DEATH	Month 7	- 24	Pay Yo	58
	5 :	Male Male	6. COLOR OR RACE White	7. MARR	NEVER MARRIED DIVORCE		7-17-18	189	? AC		UNDER 1 YEA		24 HRS Min
		during most of work	N (Give kind of work ding life, even if retired)	one 10b.	B.&.O.R.		0.0	E (Slote or I	lareign country)		U.S.		OUNTRY?
	13.	FATHER'S NAME					14. MOTHER'S M.	AIDEN NAM					
		A	mes Halle	r					Anne	Wren	eh		
	{Y=01		IN U. S. ARMED FORCE If yes, give wor or dates of se		SOCIAL SECURITY NO		ormant mos Cls	ırk H	aller	Jr •Bru	mswie	k, Md	•
			TH [Enter only one cou TH WAS CAUSED BY:	use per in	for (o), (b), and (c)	1	_				10	TENAC ET	WEEN
		· · · · · · · · · · · · · · · · · · ·	IMMEDIATE CAUSE (0)		hyman.	2-X	man	, Dura	<u> </u>)	
			DUE TO	10	Tool	7			. 1	5		0	~~
		Conditions, if an	mediote (D)	M	Trope	~ ·	NYW	Maria	MILLO	which	~~	0	10
	_	Couse (o), stoting the lying couse last.	he under- DUE TO	B	Luceran	Ar.	-11/4	Rm	4-1	M	_	Ś	0
1	TION	PART II. OTH	ER SIGNIFICANT CONE	ITIONS C	CONTRIBUTING TO DE	ATH BUT N	OT RELATED TO TH	IE TERMINAI	L DISEASE CON	DITION GIVEN	IN PART 1(o)	19 WAS AT	
	FICA	17										YES 🔲	NO []
	L CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	CAUSE OF DEATH I	206. DESC	CRIBE HOW INJURY C	OCCURRED	(Enter nature at in	jury in Port	I or Part II of i	tem 18.)			
	MEDICAL	20c, TIME OF INJURY Hour a. st. p. m.	Month, Day, Yea	While	NJURY OCCURRED Not while t work	20e. PLAC facta	E OF INJURY (Hor ry, street, office bi	ne, farm, () dg., etc.)	20f. (City or taw	m)	(County	1	(State)
		21. I certify the	attended the	deeease	ed from	2	1950),	to / 1	- 2 Y-	1957	hat I last s	saw the d	eceasec
		olive on	7-74-	_,/e <u>u</u>	and that	death o	occurred at	4.1	A, from the DRESS (Street, %)	causes and	on the de	ate stated	
1		ACTUAL SIGNATURE	170	KIL	Mar	М.	0. 5	MA	mon	10	入	7-2	يري ً
-		PHYSICIAN'S NAME (Type)	C.E/Prui	tt							*******	•	
	220	BEHOVAL (Speciful	V, 226. DATE THEREO	F	22c. NAME OF CEM	ETERY OR	CREMATORY	220	LOCATION (C	ity, town, or c	ounty)	(State)	
		REMOVAL (Specify) Burial	7+27-58	}	Park I	Toigh	nts		Bruns	iek, l	Maryla	ınd	
	23.	FUNERAL DIRECTOR'S	4.	***	ADDRESS	l amil			r REGISTRAR	245 REGISTR	AR'S SIGNATE	JRE	
	10	7. Too teas	e Bri	ALIEW.	ick, Mary	L di 151	D	ATEJUL 2	2 9 '58	West.	educh		

TO HOSPITAL OR ATTENDING PHISP LIAM: The law requires that the death certificate be executed with 2.24 haurs after death. Page 4 may be retained by the haspital of adding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fed in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove capbon-papers. Pages 1 and 2 should be filled with the registrar prior to burial, crematian, or manage, and in any event within 72 mans offer death. VS M15 (4) 15M 9/55



VS A1S (4) 1SM 9/5S M

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
7949	CERTIFICATE	OF DEATH	07955

				QLICT!		1111	D C/ 111				Reg. Dist.	No. U	31)
1,	PLACE OF DEATH						RESIDENCE (Wh	ere deceose			ni Residenca	before odmi	ssion)
		derick		MARY	LAND	e. STATI	Md.		b.	COUNTY	Fr-	deric	1-
	 City Or TOWN (If RURAL and give nea 	outside corporate limi irest town)	ts, write	c. LENGTH OF STAY	IN 1b	e. CITY	OR TOWN (If o	utside corpo	prote limi	ts, write RU	RAL and give	nearest for	vn)
	Frederi	ck		3 day	s	X Ruz	al Hic	dlet	oun				
Ī	d. NAME OF HOSPITA OR INSTITUTION, ITELETICITY	L (If not in hospital, g		oddress) srital		d STRE	ET ADDRESS					ON	A FARM?
_						13 /						1	
	NAME OF DECEASED (Type or print)	Charle:		Middle T.		rring	ton	4. DATE OF DEATH		Month 7		Doy ()	1958
5	SEX		7	IED CONEVER MARRI		B. DATE OF			9. AGE	(In years	IF UNDER 1 Y	EAR IF UN	
	mrle		WIDOWE	_		10/3	0/1882	>		oirthdoy)	Months Do	ys Hour	Min,
100	. USUAL OCCUPATION	N (Give kind of work on life, even if retired	done 10b.	KIND OF BUSINESS C	R INDU	STRY 11. BIR	HPLACE (State	or foreign c	ountry)		12. CITIZE	N OF WHA	T COUNTRY
		rm labor		fo	rm		Marx	rland			Ţ	J.S.	
13.	FATHER'S NAME	111 10001	<u> </u>			14. MOTH	ER'S MAIDEN N						· · · · · · · · · · · · · · · · · · ·
	Ge	orge Hari	ring	ton			Elizat	eth	For:	rest			
15.	WAS DECEASED EVER			SOCIAL SECURITY NO		NFORMANT				Addre			27.2
Ľ	no	yes, give war or dates of s	1	none	Mr	s. Ma	ry Har	ring	ton	, Mic	ldleto	own,	Md.
			use per lir	e for (o), (b), and (c)]	,						INTERVAL I	
	PART I, DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (o	, Ce	rebro v	asc	cla	r H	e mo	erh	29€			dan
	443 x	DUE TO								۵			d
	Conditions, if on	v. which)	. 44	mortel cin	۵	Card	o vasc	4130	di	6030	0	10-2	O were
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	couse (o), stating the lying cause lost,	16 Under-											
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õ) lu a					rhag	ح	YES L) NO []
CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING ((IF EITHER, NOTIFY A	CAUSE OF DEATH	200. DESC	CRIBE HOW INJURY O	CCURRE	D (Enter not)	re or injury in t	roff I of Por	T [] OT IFE	em 115.)			
Ç	20c. TIME OF INJURY	Month, Day, Yes	or 20d. In	JURY OCCUPRED	20e PL	ACE OF INJU	RY (Home, form	20f (City	or town)	{Cou	nty)	(State)
MEDICAL	Hour o.m.	19	While	Not white	for	ctory, street, c	ffice bldg , etc	1					
2						1 3	T'	<u> </u>	., 9	(7)			
	I 1	of I oftended the		ed from Ju			2 d , to	366	¥ <u>1</u> -	, 19. 25	,that I las	t saw the	decease
	olive on Ju	9	, 12_5	S.,, and that	death	occurred							
	D	. 00 .0	1 .	0 0 4	~	-		ADDRESS (S	treet, city	or fown, s	lote)		DATE SIGNE
	SIGNATURE	ax a.	Min	Chily M	Ψ_{+}	M D	rederi	ck	Sho	715151, 1	ig C	241-	C
	PHYSICIAN'S	1					-		,	1	3		
	NAME (Type) Dr	. Ralph	I. M	ichels			trea	evi	ck	, 14	aryl	and	
220	BURIAL CREMATION	, 226. DATE THEREO)F	22¢ NAME OF CEM	ETERY O	R CREMATOR	Υ	22d LOCA	TION (Ci	ly, lown, ar	county)	(St	ole)
	REMOVAL (Specify)	7/11/19	58	Luther	an (Cemete	ery	тM	ddl	e t ow	n, Md	e	
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS				D BY REGIST	TRAR	24b PEGIST	RAP'S SIGN	ATURE)	
	Gladhil	1 Compan	v. 1	iddletow	7. 1	Иd	DATE	JUL 1 4	'58	du	medi	uch	
_			M										



Ren Diet No

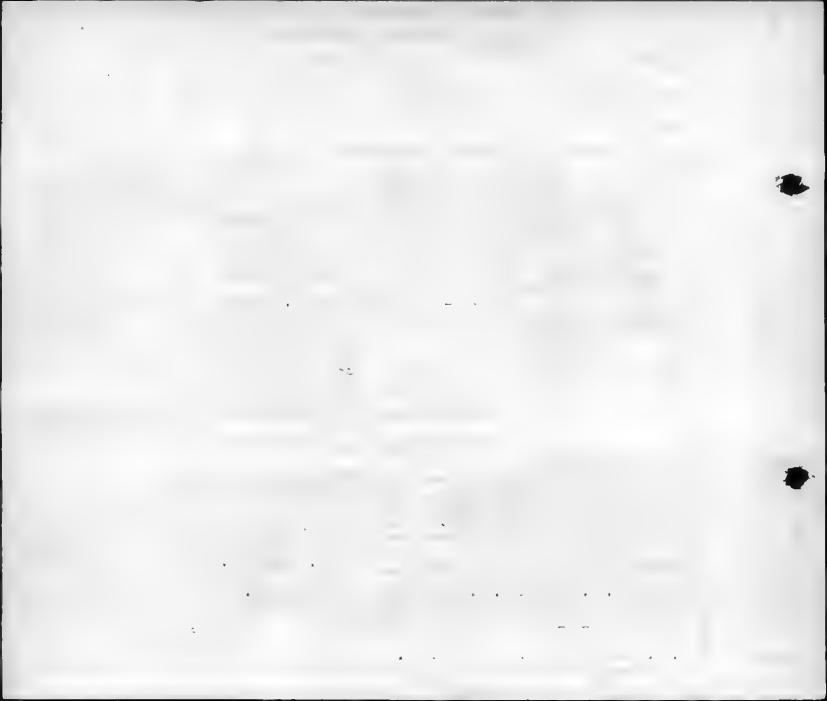
		3.4.	1 %						Mag. Disi	. 140.	
o. COUNTY Fre	derick		MARYL	AND	2. USUAL RESIDE	nce (who		ed. If institution b. COUNTY		erick	,
b. CITY OR TOWN (IF RURAL ord give no Adamst		, write	55 Years	416		wn (if or	utside corporate	limits, write R	URAL ond gi	ve nearest	tawn)
d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, gi	re straet	address)		d. STREET ADI	DRESS				0	RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)	First DOLL		Middle CAROL	INE	HARWOOI)	4. DATE OF DEATH	Mon	July	Doy 10,	Yeor 19 58
5. SEX Female	White	WIDOW	,000		26 April		4	AGE (In years lost birthday) 84 yrs.	Months [Days Ho	UNDER 24 HRS. Durs Min.
during moul of work Farmer	N (Give kind of work doing life, even if retired)	ine 10b.	kind of Business OR	INDUST	West	Virg	<u> 1n1a</u>	(7)	1	USA	HAT COUNTRY
13. FATHER'S NAME					14 MOTHER'S M						
Valentii	ne Moore	EC2 14	SOCIAL SECURITY NO	Ing INI	Marga	ret	Hanshaw	Add			
No No	If yes, give wor or dates of ser	2	16-38-0090		ss Jessie	M.	Harwood		as it	tem #	1)
	TH [Enter only one cou TH WAS CAUSED BY: IMMEDIATE CAUSE (a).	se per lis	of for (o). (b). and (c).]	جدوره	era o	7 6	Parelo	len		ONSET	AND DEATH
Canditians, if ar	DUE TO	22	das Ja	-0-2	38	the second	lerie (bons	-0	24	200 x
gave rise to in cause (a), staling t lying couse lost.	nmediate (S	leurse	la	ny an	28-		c			
PART II. OTH	IER SIGNIFICANT COND	ITIONS C	CONTRIBUTING TO DEAT	H BUT N	NOT RELATED TO T	HE TERMIN	VAL DISEASE CO	ONDITION GIV	EN IN PART	PI	VAS AUTOPSY ERFORMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	70b. DES	CRIBE HOW INJURY OC	CURRED	(Enter nature of i	injury 111 P	art f or Part II (of item 18.)			
20c. TIME OF INJURY Hour a. m.	Y Month, Day, Year 19	While	NJURY OCCURRED 2 Not white k at work	Oe PLAI	CE OF INJURY (He ory, street, office t	ome, form, bldg., etc.	20f. (City or	town)	(Co	ounty)	(Stole)
21. 1 certifie the	at 1 attended the	deceas , 19 <i>2</i>		death (0 , 19 <u>5 4</u> occurred at <u>9</u>	20P	_M, fram 1	he causes o	and an the		the decease
ACTUAL SIGNATURE	1307h	02	na-	M	228 N	Mar	ket St.			7-	11-58
PHYSICIAN'S B	. O. Thomas	, М.	D.		Freder	ick,	Md.			*****	Alle Alle Alle Alle Alle Alle Alle Alle
220. BURIAL, CREMATION REMOVAL (Specify)	7-14-58		Mount Oliv				22d LOCATION Freder	ick, Ma			(State)
23. FUNERAL DIRECTOR'S M. R. Etc.		, Fr	ADDRESS ederick, Md	l.			BY REGISTRAR		STRAR'S SIGN	<i>y</i>	

TO HOSPITAL OR ATTENDING PHY. AN: The low requires that the death certificate be executed with the footh. Page 4 may be retained by the haspital or and an appropriate that by the haspital or and a physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely when the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours ofter death.

VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7950

CERTIFICATE OF DEATH

07957

							1/4	rg. Dist. 140	
1. PLACE OF DEATH a. COUNTY	1	MARY	- 11	USUAL RESIDENCE		4	If institution: I		
Brederic					arylan				ierick
b. CITY OR TOWN (If outside carpe RURAL and give nearest town)	orate limits, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN			iits, write RURA	L and give ne	arest town)
Frederick		Years	- ,		derick				
d. NAME OF HOSPITAL (If not in hos in hospital) and 112 East Sevent		oddress)		d. STREET ADDRESS		venth	Street		ON A FARM? YES NO K
3. NAME OF	First	Middle	<u></u>	Losi	4. DAT		Month		y Yeor
DECEASED	CLAYTON	EDW.	ARD	HEFFNER	OF DEA		July		-1.0
5. SEX 6. COLOR C	R RACE 7. MAR	RIED NEVER MARRIE	0 0 0	ATE OF BIRTH		9. AGI	In years IFL		R IF UNDER 24 HRS.
Male White	e wibow	/ED DIVORCE	De De	cember 23	, 1878	75	birthdoy) Me	onths Days	Hours Min,
100. USUAL OCCUPATION (Give kind during most of working life, even	of work done 10b	. KIND OF BUSINESS O	R INDUSTRY	11. BIRTHPLACE (SI	ote or foreig	n country)		12. CITIZEN C	OF WHAT COUNTRY
Brushmaker	O2	k Fibre Bru							USA
13. FATHER'S NAME			1	4 MOTHER'S MAIDE					
Samuel Heff					Angle	berge			
15. WAS DECEASED EVER IN U. S. AR. [Yes, no or unknown] [If yes, gave, wor or	MED FORCES? 16	. SOCIAL SECURITY NO					Address		11
No No			Mr.	Clarence	E. Hef	iner-	-Same a	as item	1 #1
18. CAUSE OF DEATH [Enter on	ly one couse per l	ine for (o), (b), and (c).]	1	,			INT	ERVAL BETWEEN
PART I, DEATH WAS CAU	SED BY:	andro :	vasi	corlar	die	19-	4-		7100-4
1 4 2 2 /	DUE TO	-1		-	,			,	1
Conditions, if any, which)	(b)	alongs		enlar peats	7-2-2	M		6	the
gove rise to immediate	DUE TO								
lying couse last.	(c)								
PART II. OTHER SIGNIFICA		CONTRIBUTING TO DEA	ATH BUT NO	T RELATED TO THE TE	RMINAL DISE	ASE CON	DITION GIVEN	IN PART 1(o)	19. WAS AUTOPSY
3									YES NO KEN
PART II. OTHER SIGNIFICATION 200. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF CHARLES OF CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF CAUSE OF CAUSE OF CONTRIBUTION CAUSE OF C	IG 206. DES F DEATH IMINER)	SCRIBE HOW INJURY O	CCURRED, (E	nter nature of injury	in Port I or	Port II of i	tem 1B)		
20c. TIME OF INJURY Month, Hour o. m.		INJURY OCCURRED		OF INJURY (Home, f		City or tow	rn)	(County)) (Slote)
Hour o.m.	19 While	Not while	TOCTORY	, street, affice bldg ,	etc.]				
				107/7 1-	0	0 1	A 10.55 a		
21. I certify that I attend	Jed the deced	A COMPANY OF THE PARK OF THE P	n communication of	. 1920, [2:1	55A	/			aw the decease
alive on the	-J, 195	Z.Z., and that	death ac	curred at			causes and ty or town, stok		ote stated above
ACTUAL A	20			Prodessi				e)	7/11/58
SIGNATURE	starr		M.D.	1EOTC92T	DIJET I	ullu.	nig		1/11/50
PHYSICIAN'S Dr'. B.	O. Thomas	3		Frederic	k, Mar	yland	<u></u>		
220. BURIAL, CREMATION, 226. DAT	E THEREOF	22c. NAME OF CEM	ETERY OR CE	REMATORY	22d. 10	CATION (City, town, or co	ounly)	(Stale)
Burial July	12, 1958	Mount 0	livet	Cemetery		F	rederio	k,	Maryland
23. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS		24a. R	EC'D BY REC		24b REGISTR	R'S SIGNATU	AFE .
M. R. Etchison &	Son, Fre	ederick, Man	ryland	DATE	JUL 1	4 '58	with	- educa	A

VS A15 (4) 15M 9/SS



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	CEDTIFICATE	OF DEATH
7976	CERTIFICATE	OF DEATH

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45.7 - A	0.0				

							Keg. Dist. I	PO.
1. PLACE OF DEATH a. COUNTY			2 USUAL RESI		are deceased live	d If institution b. COUNTY		
Fred	lerick	MARYLAND	Maryland Frederick					
BUTKIT	f outside corporale limits, write corest fown 12e	LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest town) Burkittsville					
d. NAME OF HOSPIT OR INSTITUTION	d STREET ADDRESS					e. IS RESIDENCE ON A FARM? YES NO		
3. NAME OF DECEASED (Type or print)	fier Willi am	Aubre:	y Hor		4, DATE OF DEATH	Month	7	31 1958
male	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED X	1/30/		9. A		Months Day	AR IF UNDER 24 HR Hours Min
100 USUAL OCCUPATIO	ON (Give kind of work done 10b und life even if refired) et e	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPL		or foreign country)	U.S.	OF WHAT COUNT
13. FATHER'S NAME	· · · · · · · · · · · · · · · · · · ·		14. MOTHER'S	MAIDEN N	AME			
Peter 1	1. Horing	Emma Gaver						
	R IN U. S. ARMED FORCES? 16	social security no. 17. one Mr	nformant s. Lewi	s Mi	ller, E	Addre lagers	town,	Md.
Conditions, if a gove rise to it cause (a), stating lying cause last.	mmediate	interio:	Seler	01	ilus			
PART II. OTH	IER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMIN	VAL DISEASE CO	NDITION GIVE	N IN PART I(o)	PERFORMED? YES NO
	S UNDERLYING (1) 206 DES (1) CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature a	finjury in P	ort I ar Port II al	ilem 18.)		
20c. TIME OF INJUR Hour a. m. p. m.	While		ACE OF INJURY (I clary, street, effice	Home, form, bldg., etc.)	20f. (City or to	pwn)	(Cavnt	y} {5lah
21. I certify the alive on	at I attended the decear	sed from July L. and that death	3 / , 19 \ 7 occurred at			e couses an	d on the d	sow the decea late stated abo DATE SIGN
PHYSICIAN'S NAME (Type)	r. J. Elmer	Harp /		Mi	ddleto	m, Md	•	
220 BURIAL, CREMATIO REMOVAL (Specify) DUTIAL	N, 276. DATE THEREOF	Union Cemet			23 LOCATION Burk	(C.ny. town. or ittsvi		(State) Id.
23. FUNERAL DIRECTOR		ADDRESS		24a REC'D	BY REGISTRAR	24b REGIST	RAR'S SIGNAT	URE
Gladhill	Company,	Middletown,	Md.	DATE AT	IG 5 '58	le.	Leduc	h



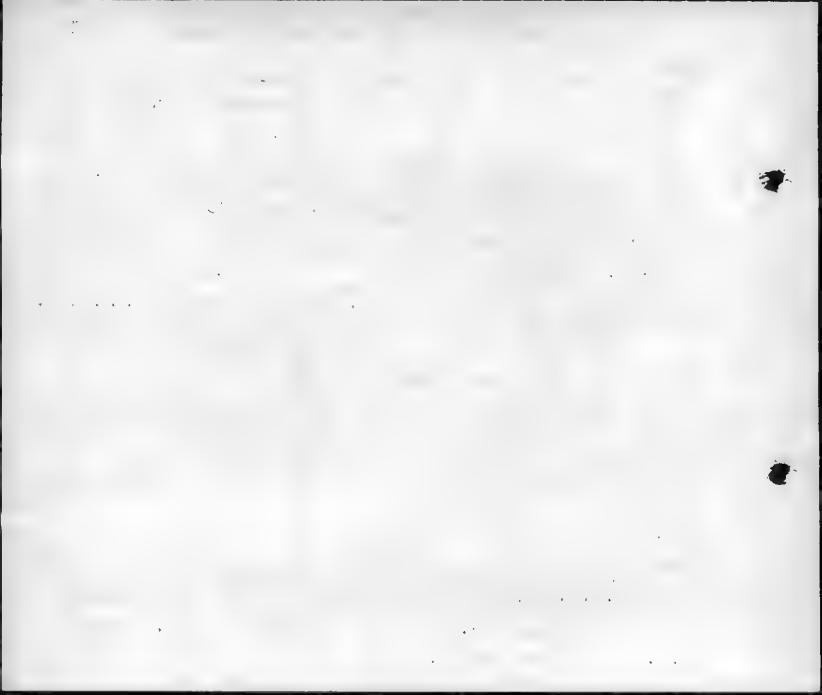
07959 Reg. Dist, No.

1.	PLACE OF DEATH a. COUNTY FY	rederick		MARYL	AND	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) to a STATE Maryland b. COUNTY Frederick								
	b. City or town m	outside corporate limits, writ	a RURAL	c. LENGTH OF STAY IN	(16	c. CITY OR TOWN (I	f outside cor	porote limits, write C-Rural-			earest to	own)		
		atrick Str		spital, give street address)		d. street Address Moun	tville	€		0		RESIDENCE A FARM		
3.	NAME OF DECEASED (Type or print)	Fie KENN		FRANKLIN		JENKINS	4. DATE OF DEATH	Jul		25 g	, 1	Y•058		
	sex Male	White	7. MARRI WIDOWE	DIVORCED		March 4, 193	2 '	9. AGE (in years fast brithdoy) 7. yrs,	Months Months	Doys	IF UND	Min		
100	o. USUAL OCCUPATIO during most of working Laborett	N (Give kind of work g life, even if retired)		KIND OF BUSINESS OR IN Construction	DUST		or foreign yland	cauntry)	12. CII	USA		COUNTRY		
13	FATHER'S NAME	7				14. MOTHER'S MAIDEN		D7						
1	Joseph E.		00000		-0.0		ydia !							
[(Y=	. WAS DECEASED EVE	NO. S. ARMED FO	service	SOCIAL SECURITY NO.		rs. Lydia ^J e	nkins	, Frederi	ck R	F.D.	#4,	Md.		
	PART I. DEATI		1	y proten		notich			7-4-	INTER	EVAL BETW	EEN ATH		
	(a), stating the u	nderlying DUE TO												
CATION			DITIONS CO	ONTRIBUTING TO DEATH	8UT N	OT RELATED TO THE TERM	·NALDISEAS	E CONDITION GIV	EN IN PA			DRMED?		
CERTIFI	20g. EXTERNAL CAU PRIMARY Dor CON CAUSE OF DEATH.	SE WAS ITRIBUTING []	%. DESCRI8	E HOW INJURY OCCURRE	ED. (Ei	nter nature of injury in Por	il or Part II	of item 18.)						
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Doy, Yeo	White		- PLAC facto	CE OF INJURY (Hame, formary, street, affice bldg., etc.	n, 20f. (Cit	y or town)	(Co	ounty)		(State)		
				remains described Accident ,				nspection 🔼,			, and	find the		
	ACTUAL SIGNATURE	13074	1)	19.5_		M.D. CHIEF MEDICAL E	_				DATE	SIGNED		
	EXAMINER'S Dr.	. B. O. The	mas			ASSISTANT MEDICAL		37		7/3	28/5	8		
	BURIAL, CREMAT OF REMOVAL (Specify) UTIAL			St. Paul's				Jefferson			ylan			
23.	M. R. Etc.		n, Fre	ADDRESS ederick, Mar	yla	nd 24g. REC	D BY REGIS	TRAR 245 REGI	STAR'S S	GRATER	₹	7949		

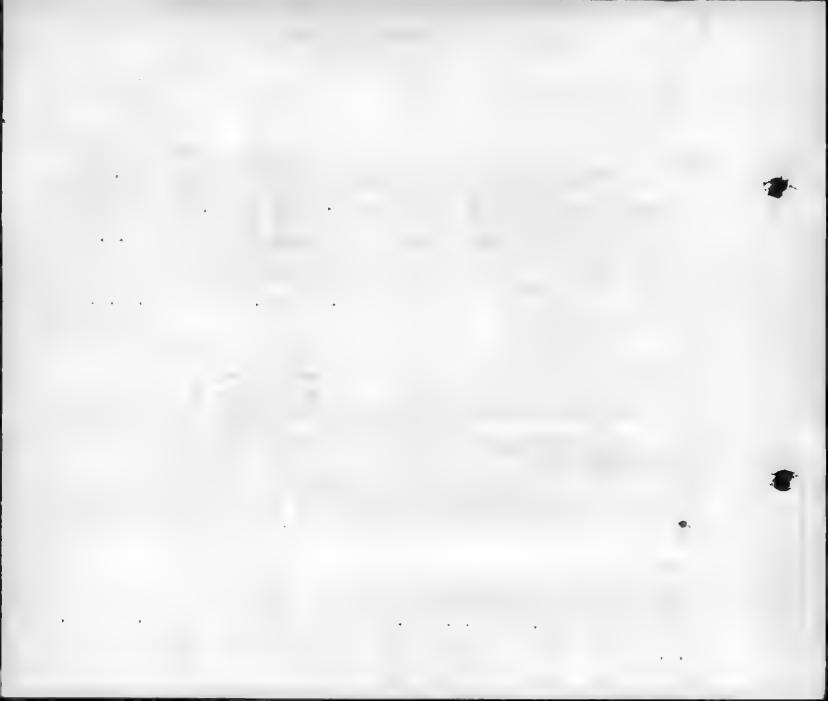
VS. A15ME(5) 5M 9/55

cute the certificate, writing the waffarwarded to the Chief Medical TO FUNERAL DIRECTOR: Page 3 shar or removal.

TO DEPUTY MEDICAL EXAMINER:



3.			7977	Ite	CERTI	FICA	TE OF DEATI	1		Reg. Dist.	17301 No.	J
	0	LACE OF DEATH COUNTY Freder			MARY	LAND	2. USUAL RESIDENCE (W. o STATE		ь. социту	hingt	<u>m</u>	
	ŧ	Smithsb	outside corporate limi orest town) urg Rurs		3 mo	- 1	Smithsbu	*	limits, write RU	JRAL and give	nearest fown]	4
		or institution Daughters	At (If not in hospitot, g	ive street od	dress)		d STREET ADDRESS			\	e, IS RESI ON A YES	FARM?
	1	NAME OF DECEASED Type or print)	DDIELINE	sł	Middle	J	ONES	4. DATE OF DEATH	July		Doy Y	reor
	5. 5	Female	White	7. MARRIE			DATE OF BIRTH		AGE (In years out birthday)	Months Do	ys Hours	R 24 HRS. Min
	100		N (Give kind of work ing life, even if retired		ND OF BUSINESS O		Frederic	or foreign count	m)		OF WHAT	COUNTRY?
		FATHER'S NAME David	Toms				Amanda	Buhrmai				-
	15. [Yes	NO OF UNENOWN)	R IN U. S ARMED FOR	CES? 16. SC	NO NO	Pau.	B. Jon	es. Smi	Addre Lthsbu		.D .I 1	(d
			mmediate (- G	for (o), (b), and (c)	get.	antrio,	haze o clan	5260		INTERVAL BETONSET AND	
	CERTIFICATION	20a ACCIDENT WA	IER SIGNIFICANT CON S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	Liel	celia	211	OT RELATED TO THE TERM	~ ~)		EN IN PART 1(PERFOR	NO G
			Y Month, Doy, Ye	White	URY OCCURRED Not while	20e PLAC facto	E OF INJURY (Home, formary, street, effice bldg., at	n, 20f (City or	town)	(Cour	ityj	(State)
		21. I certify the alive an	at I attended the	deceased , 19 5		degth o	, 19.25, to pocurred of IIP;	./	te., 19 j	nd an the	date state	
	20.	PHYSICIAN'S NAME (Type)	Valter	HY	lisha	rd	I apic also different apic and apic apic apic apic apic apic apic apic		(/	the spin, who data also some different spin some	Dr. Allih again geligi sajim selap selap sejim selap sel	
	220	BURIAL CREMATIO BEMOVAL (Specify)	July T.	1958	U.B. Cer	TERY OR	CREMATORY	leasan	t Vall	ey Wa	ah (56°	Laa .
		FUNERAL DIRECTOR			ADDRESS			D BY REGISTRAR		TRAR'S SIGNA		



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	79	52 M	EDIC	AL EX	AMIN	ER'S	CERTI	FICAT	E OF E	PEATH	Reg. Dis	t. No.	FOOT		
1.	PLACE OF DEATH		-			-	2. USUAL RES	IDENCE (M	there deceased	lived. If instit	ution: Residen	ce befor	o odmission)		
	o. COUNTY Fred	erick			MARY	LAND	o. STATE	Mary]		b COUNT					
- 1	b. CITY OR TOWN (If a give negres) lown)	outside corporate limits, wi	He RURAL	c. LENK	OTH OF STAY	IN 1b	c. CITY OR	TOWN (IF	autside corpor	ate limits, write	RURAL and	give neo	irest town)		
	Frederick						× Fre	ederio	ek-Rura	1 RD#1					
	d. NAME OF HOSPITA	L OR INSTITUTION	(If not in I	rospitat, give	street address	3}	d. STREET	ADDRESS					. IS RES DENC		
	DOA Frede	rick Memo	rial	Hospit	tal		Cer	resvil	lle				YES NO		
	NAME OF	F	irst		Middle		Las		4. DATE	Moni	h	Doy	Year		
	DECEASED (Type or print)	RAYM	ONTO	T.YC	CURGUS		KELLY		OF DEATH	_	ilv	7	19 58		
5. 5	SEX	6. COLOR OR RACE					DATE OF BIRTH	4		AGE (In years	IFUNDER 1	YEAR! I	F UNDER 24 HI		
	Male	White	WIDOV		DIVORCED [_	24 Nov			foel birthday)			Hours Min.		
	, USUAL OCCUPATION								ar faraian anu		10 01717	ENI OF I	HUAT COUNT		
(during most of working	life, even if retired							_	147)			WHAT COUNT		
10	Partner		M	illing	g Busin			ryland			US	A.			
	FATHER'S NAME						14. MOTHER'S								
_	John Kelly					,		Llie E	Bowers						
	WAS DECEASED EVE	R IN U. S. ARMED FO If yes, give wer or detes o		6. SOCIAL S	ECURITY NO.					1608					
_	_No			218 - 32	2-2768	Mrs	• Edna	G. Ma	asser,	Frederi	ck, Md	•			
	18. CAUSE OF DEATI		ivie per lit	e for (a), (b), and (c).]							UNTERVA ONSET	AL BETWEEN AND DEATH		
		MAS CAUSED BY	, C	ORONAL	RY OCCL	USIO	N					Minutes			
	420	/ DUE TO)												
	Conditions, if an	y, which) g	al.												
	gave rise ta immedi	ate cause	-				-								
	(a), stating the vi	nderlying	-1												
Z	PART II, OTHE	R SIGNIFICANT CO	NDITIONS	CONTR SUTI	NG TO DEATH	RUT NO	T RELATED TO	THE TERM I	NALDISEASE C	ONDITION GIV	VEN IN PART	1(a) 19.	WAS AUTOPS		
ATIC													PERFORMED?		
FIC	20a EXTERNAL CAUS	SE WAS	Ob. DESCR	IRE HOW IN	DHRY OCCUR	RED /Fot	er notice of in	fuzzi in Rael	For Port II of	(to- 19 t		1 1 1	5 NO 🛣		
CERTIFICATION	PRIMARY or CON'	TRIBUTING			Jaki Occak	weer fem	es troible of fri	los y in rout	TOT FOIL II G	(tenr (o.)					
	20c. TIME OF INJURY	Manth, Day, Ye	ear 20e	INJURY O	CCURRED 120	DIACE	OF INJURY (I	Janes 6	, 20f. (City or	A	15	4-4	15		
MEDICAL	Haur a.m.		W	ile _ N	at while	factor	y, street, affice	bldg., etc.)	201. (City of	IOMI	(Caun	17/1	(State)		
¥	p, m.	19	1 41		work										
	21. I certify the							Autopsy	/ [], Insp	pection 🔀	, Inquiry	XX	and find th		
	death resulted t	from: Natural	causes	₩ . Ac	cident 🔲,	Suici	de 🔲, H	omicide	, Und	etermined e	cause 🔲.				
		2 M													
	SIGNATURE	Who	77	2-12	2		M.D. CHIEF N	EDICAL EX	AMINER [DATE SIGNED		
							ASSISTA	NT MEDICA	L EXAMINER						
	EXAMINER'S NAME (Type) B	. O. Thom	as, M	. D.			DEPUTY	MEDICAL E	XAMINER			7-9	-58		
220	BURIAL, CREMATION	. 22b. DATE THERE	OF .	22c. NAA	AE OF CEMETE	RY OR C	REMATORY		22d. LOCATIO	N (City, tawn,	or county)		(State)		
	BURIAL CREMATION REMOVAL (Specify) Burial	7-10-5	3	Mour	nt Oliv	et C	emetery	7		rick, M		d			
_	FUNERAL DIRECTOR'S				DRESS				BY REGISTRA		STRAR'S SIGN				
1	A. R. Etchi	ison & Son	, Fre	ederic	k, Mary	yland	1		L 1 0 '58	Pro	(. '	- /			
			-					DAIE O D	- 1 0 00		T- LALL	WA.			

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If cute the certificate, writing the way pending" in pendil in Hem 18. Give Pages 1, 2, and 3 to their farwarded to the Chief Medica hiner's Office along with farm PM3. Page 5 may be retained to FuneRAL DIRECTOR: Page 3 stood be used as a burial-transit permit. File pages 1 and 2 with the

any delay is necessary, please exefyzieral director. Page 4 shauld be our files.

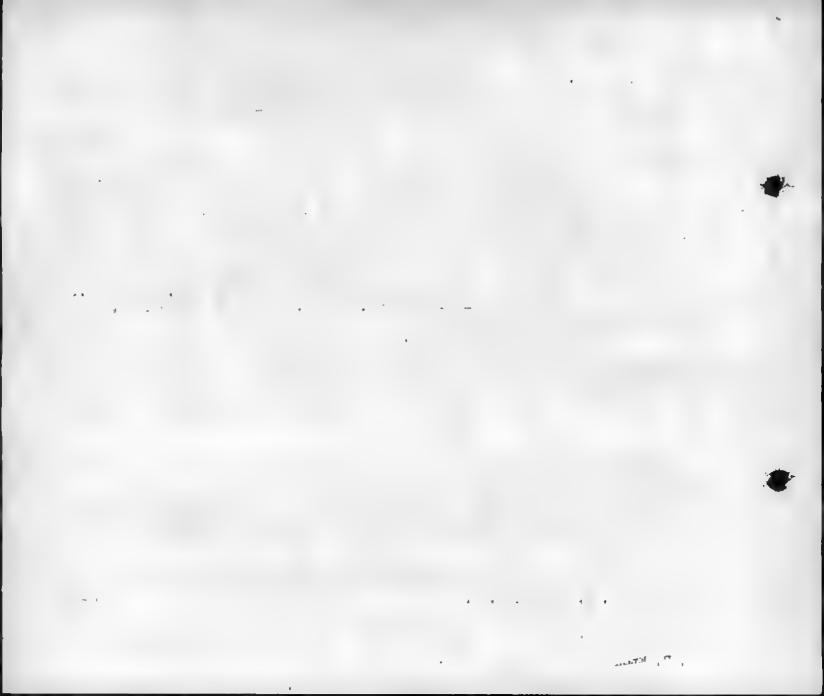
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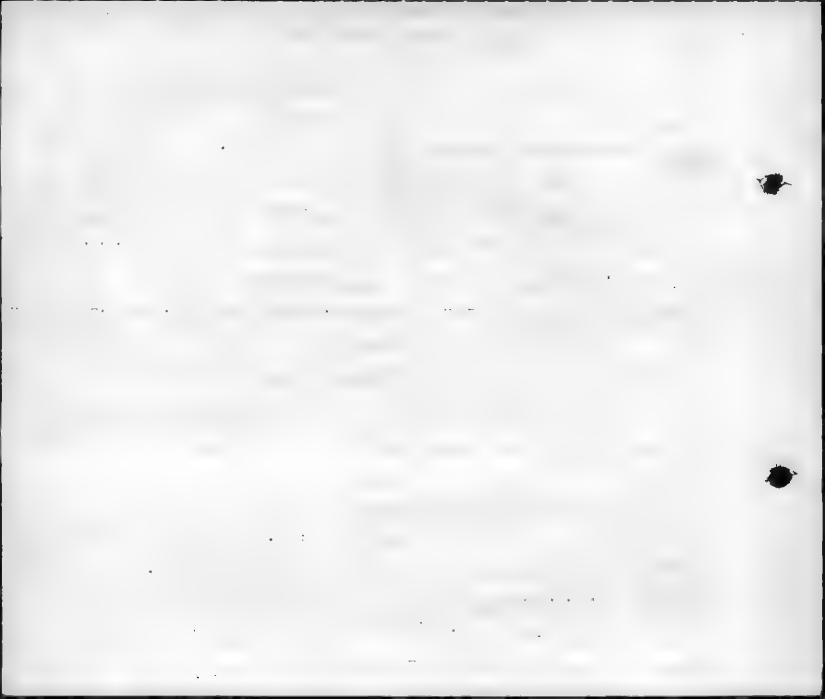
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PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. COUNTY a. STATE b. COUNTY MARYLAND Frederick Marvland Frederick b. CITY OR TOWN (If outside carparate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) Lifetime Frederick Frederick d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 69 1. East 9th St. Frederick Memorial Hospital YES NO X 3. NAME OF **First** Middle Last 4. DATE Manth Day Year DECEASED OF DEATH 58 (Type or print) MARY FRANCES KLINE July 6th 19 S SEX 6. COLOR OR RACE 7. MARRIED X NEWERS/864988503F2 B. DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days Min. July 11-1909 WHITOMED IT HE HER PROXECTED IN Female White 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Retail Rug Store U.S.A. Maryland ofter 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME James H. Davis Lucy Killian 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO Address Maryland 1 E. 9th St.-Frederick-214-10-2679 Austin M. Kline(husband) No 5 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE IO 3 mileo. dido. DUE TO permit, in any Conditions, if any, which 70 gove rise to immediate **DUE TO** coese (o), stating the underlying cause lost. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY removal, PERFORMED? YES NO CERTIFI 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) ö MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) {State} factory, street, office bldg., etc.) g. m. While Not while 19 ot work at work 21. I certify that I attended the deceased from 1. that I last saw the deceased and that death occurred at 2:100 M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL å North Market St prior SIGNATUR should FUNERAL I registror PHYSICIAN'S Frederick-Maryland Dr. H.F.Kline NAME (Type) 220. BURIAL, CREMAT ON, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) REMOVAL (Specify) Mt. Olivet Cemetery Frederick Maryland July 9-1958 Burial 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRARIS SIGNATURE Frederick- Maryland DATE

director, ited with Poge be filed deoth. ero the fune should 25 hours within executed compl oud physician remave ottending ā that the Then the þ gued burial-transit guipu ate b 930 detached DIRECTOR:

> 0 VS A1S [4] 15M 9/5S



deoth

within





22c. NAME OF CEMETERY OR CREMATORY

TUBSTRAL HOME

FREDERICK

STONEWALL MEMORY

22d LOCATION (City, town, or county)

24b REGISTRAR'S SIGNATURE

MANASSAS

GARDENS

24a, REC'D BY REGISTRAR

(State)

VIRGINIA.

HOSPITAL VS A15 (4) 15M 9/55

220. BURIAL, CREMATION,

REMOVAL (Specify)

22b. DATE THEREOF

23. FUNERAL DIRECTOR'S SIGNATURE DATLEY 1 S

death.

hours after

within 24

executed

PHYSICIAN:



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 7979 director, 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) o. COUNTY filed **b.** COUNTY MARYLAND death. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) be RURAL and give nearest lown) P 50 MONTHS d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION TOR CULLEN STATE NAME OF Middle 4. DATE OF last DECEASED (Type or print) DEATH within 5. SEX 6. COLOR OR RACE AGE (In years lost birthday) MARRIED NEVER MARRIED 8. DATE OF BIRTH DIVORCED WIDOWED | papers. campl USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 10a during most of working life, even if retired) WEST VIRGINIA pup HOUSEWIF 13. FATHER'S NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT CORNS 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] 70, PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE TO TUBERCULOSIS Conditions, if any, which] gove rise to immediate DUE TO casse (o), stoting the underlying couse lost PART !! OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1611 P. WAS AUTOPSY 20%. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CERTIF 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) CAL 20c. TIME OF INJURY Month. 20e PLACE OF INJURY (Home, form, 120f. (City or town) Doy. Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) MEDI Hour 0. 00 Not while of work of work 195 Fithat I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at 450 AM, from the causes and on the date stated above. ACTUAL

07966

e. IS RESIDENCE

ON A FARM?

YES NO

Year

195

Min.

Rea. Dist. No.

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

CULLEN HOSPITAL

(County)

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO DE

> > (State)

(Stote)

12. CITIZEN OF WHAT COUNTRY?

Month

Months

	WDDKF22 (2	treet, city or to	wn, state)	D	ATE SIG	MEL
M.D. STETER	CULLEN	STATE	HOSPTA	L 7.	16	<u>S`</u>

220. BUR AL. CREMATION, 122b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 7-19-58 Mount Olivet Cemeterv Frederick, Marvland

23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

0 VS A15 (4) 15M 9/5S

FUNER

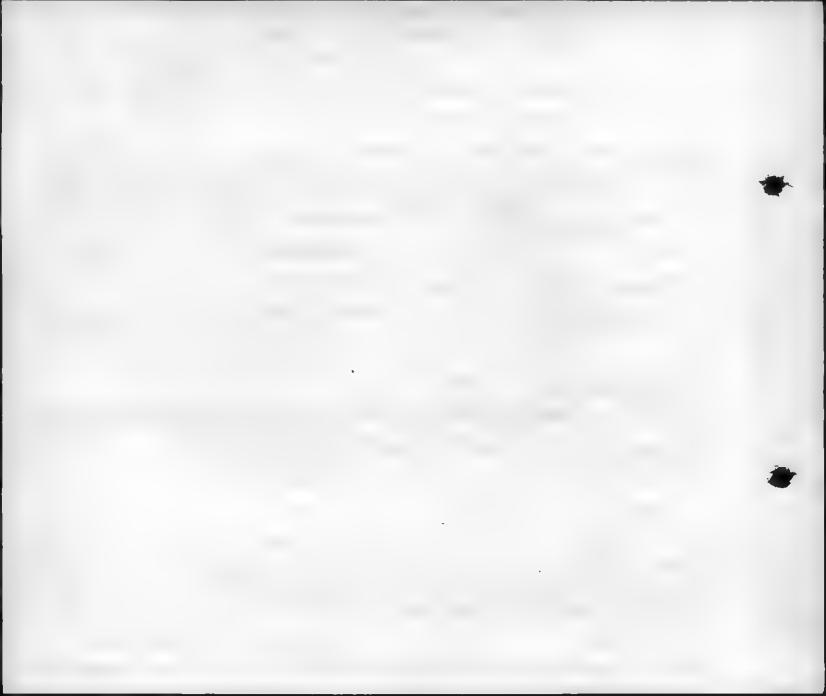
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SIGNATURE

PHYSICIAN'S

REMOVAL (Specify)



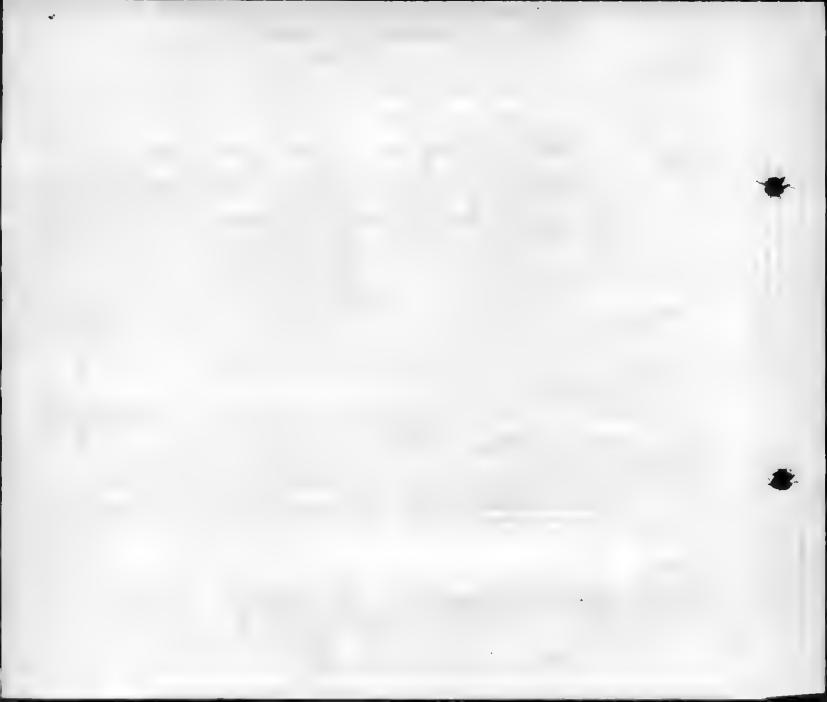
1. PLACE OF DEATH

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executed within 24 hours after deoth; Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN:
may be retained by the hospital of India
TO FUNERAL DIRECTOR: After this cate
page 3 should be detached for use the b

3			ľ	Fre	derick			MARYLAND		Maryla	and	B. COUNTY	Fre	der	ick	
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g			3 1	NAME OF	Fur			Middle	11	Lost	4. DATE	Mont	h	Day	Y	POF
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ć	/		<u> </u>		Norris					Susan C.	DILL					
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7/			_	no		n	one	F	ra.	nklin Nor	ris,	Middler	own,	Md		
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9			220	BURIAL, CREMATIC	1			E OF CEMETERY				TION (City, town, o			(State))
				burial	18/1/195	0	ADDRI			ey Cemete					Md.	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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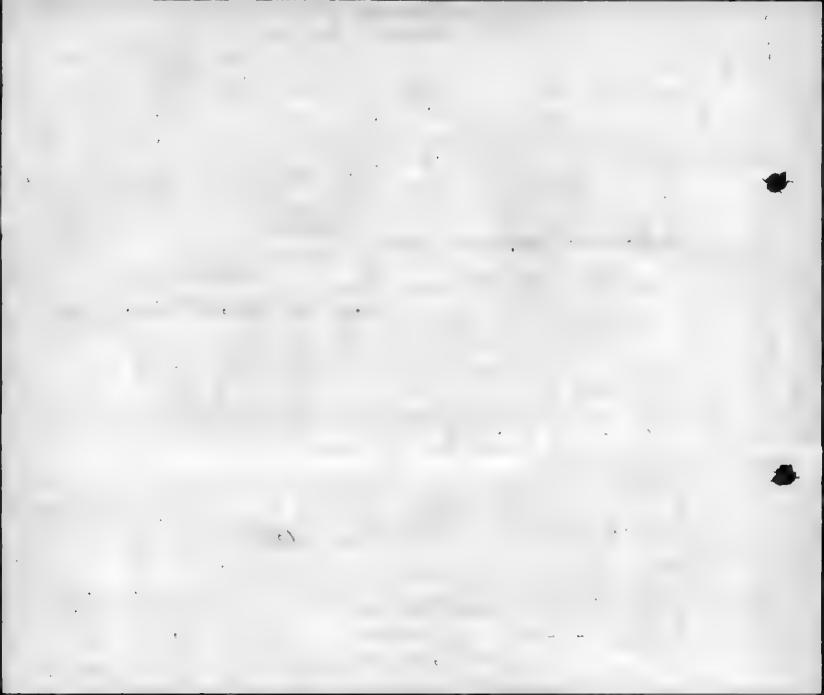
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3. FATHER'S NAME													
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20c. TIME OF INJURY		While	Not while					or town)		(County)		(State)	
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	N. 226. DATE THEREC	F	22c. NAME OF CEME	TERY C	OR CREMATORY		22d. LOCA	TION (City, town	or coun	ly)	(Sto	ile)	
Rimin 1	7-7-19	58	Locus	t V	alley		(Rw	eal)Bur	kit	tsvi	lle	, Md	
3 FUNERAL DIRECTOR	S SIGNATURE		ADDRESS					TRAR 245 REC	p. 4	_	ft.		
12. Loo .T.	pete B	run	swick, Mar	yla	nd	DATE J	UL 9	28	3:12	auch	^		
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DEATH WAS CAUSED BY: Conditions, if any, which gove rise to immediate cause (o), sloting the underlying couse (o), sloting the underlying couse (o), sloting the underlying couse lost. PART II. OTHER SIGNIFICANT CON DOG. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour o. m p. m. 19 21. I certify that I attended the alive on JULY 14 ACTUAL SIGNATURE PHYSICIAN'S C. T. BYTO 20 BURIAL CREMATION. 122b. DATE THEREOREM CREMOYAL (Specify) BIPTIS 1 3 FUNERAL DIRECTOR'S SIGNATURE	PLACE OF DEATH o. COUNTY Frederick b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Brunswick d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION) 707 Maple Ave NAME OF DECEASED (Type or print) SEX 6. COLOR OR RACE 7. MARE FEMALE SEX 6. COLOR OR RACE 7. MARE White WIDOW during most of working life, even if relired) HOUSE WIFE 3. FATHER'S NAME M1112rd J.Kell 5. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. 18. CAUSE OF DEATH [Enter only one cause per limited or or unknown) [17 year, grow wor or obtail of services] NO 18. CAUSE OF DEATH [Enter only one cause per limited of the couse (a), stating the under lying cause lost. CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTHER MAS CAUSED BY. 19. CAUSE OF INJURY Month, Day, Year Wing Cause (a), stating the under lying cause lost. CON CONTRIBUTING CAUSE OF DEATH HOUR on medical cause of DEATH HOUSE of DEA	DE COUNTY Frederick B. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest low) Brunswick d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION TOT Maple Avenue NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION TOT Maple Avenue NAME OF DECEASED (Ifype or print) SEX 6. COLOR OR RACE FEMALE White WIDOWED DIVORCES OU USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) HOUSE WIFE S. WAS DECEASEDEVER IN U. S. ARMED FORCES? S. 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ofter death.

certificate





Thomas

U.B. Cemetery

ADDRESS

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7958

Co., Middletown, Md.

VS ATSME(S) SM 9/55

OFW

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NAME (Type)

huria

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

22a. BURIAL, CREMATION, 22b. DATE THEREOF

PERFORMED? YES 🖂 NO F (County) (Stote) , and find that DATE SIGNED July 20. 1958 DEPUTY MEDICAL EXAMINER 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Mversville 24a. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE JUL 2 4

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e. IS RESIDENCE YES NO TE

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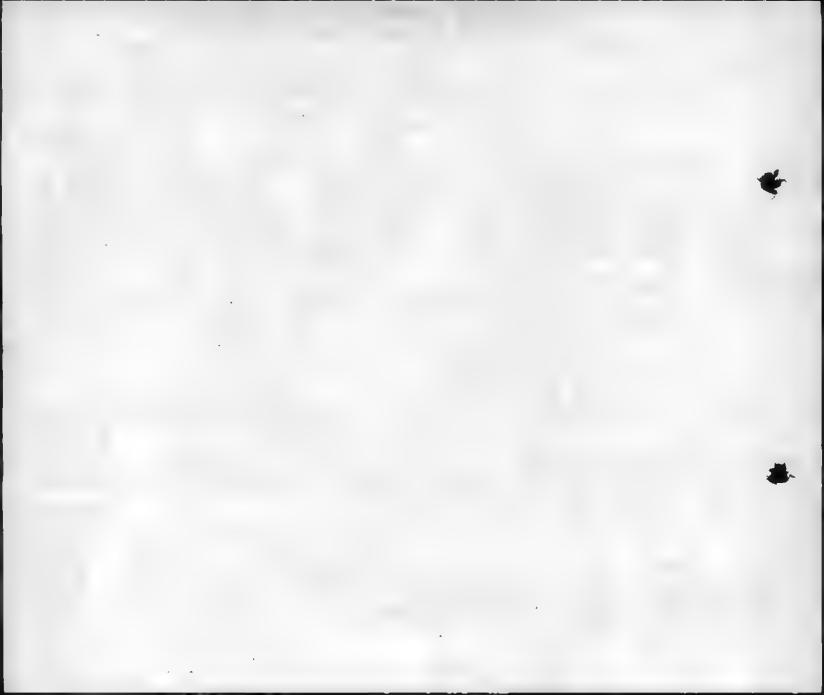
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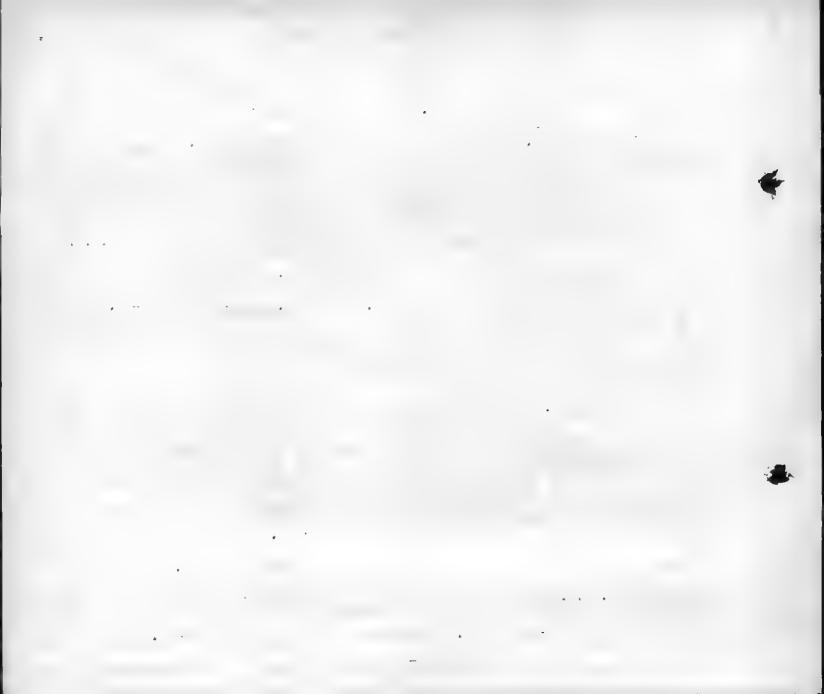
INTERVAL BETWEEN ONSET AND DEATH

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		MARYI	LAND	STATE DEPARTA	AENT (OF HEALT	H-BAL	TIMORE, 1	8		
,		7981		CERTIFIC	ATE (OF DEAT	Н		Reg. Dist. N	0797	3
1 PL	COUNTY FT	rederick		MARYLAND	2. USU o. \$	AL RESIDENCE (W		d lived If instituti b. COUNTY			
b.	CITY OR TOWN (RURAL ond give n	If outside corporate limi learest town)	ls, wrile	c. LENGTH OF STAY IN 16	c. C	ITY OR TOWN (IF	outside corpo	rote limits, write R	URAL and give n	earest town)	
, d.	NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, o				Emmits by TREET ADDRESS 207 Eas		in Stree	e t	e. IS RESIDEN ON A FAR. YES NO	
DI	AME OF ECEASED ype or print)	Fin Marv	sf	Middle Claudia	Rose	ensteel	4. DATE OF DEATH	July	17.	Day Year	58
5. SE	X	6. COLOR OR RACE	1	IED NEVER MARRIED	B. DATE	OF BIRTH		9. AGE (In years lost hirthdox)	-	R IF UNDER 24	
10o.	OMALOCCUPATION OF WORLD	White ON (Give kind of work of king life, even if retired)	WIDOWE done 10b.	KIND OF BUSINESS OR IND			376 or foreign o	82 yrs		OF WHAT COU	
L / L	HOUS OV	vife				reder id		. Md.	U.	S.A.	
		John Pet				Mary	H. Ki	rietz	(2)		
jYes, i	VAS DECEASED EVI	ER IN U. S. ARMED FOR (If yes, give wor or dates of n	ervice)	SOCIAL SECURITY NO. 17.	INFORMA	rest	Ros	Cust C	300	/ E. Me	iin irg
		the under-	, Hy	phostalie historia	Im 10a	ermon Lio Vie	s. de	ciuse	Rue	INSET AND DEA	W M
CATION	PART (I. OT	HER SIGNIFICANT CON	DITIONS <u>C</u>	ONTRIBUTING TO DEATH BU	T NOT REL	ATED TO THE TERM	IINAL DISEAS	E CONDITION GIV	EN IN PART 1(0)	19. WAS AUTO PERFORMED YES NO	D? /
L CERTIF	200. ACCIDENT W. OR CONTRIBUTING IF EITHER, NOTIFY	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCURR	ED. (Enter	nature of injury in	Port I or Por	t II of item 18.)			
MEDICA	Hour o. 11.	RY Month, Day, Yea	While	NOI while to be work 1	LACE OF I	NJURY (Home, for et, office bldg., et	n, 20f. (City	or town)	(Count	y) (S	Stote)
	21. I certify the control of the certify the certification of the certif	hat I attended the	decease 185	ed from his	-	1927, to ed at (1.72) uu uu u	MM, from ADDRESS (S.	n the causes of town,	that I last and an the d		above
	PHYSICIAN'S NAME (Type) BURIAL, CREMATIC	W . R .					(
	REMOVAL (Specify) , ,	958 958	St. Joseph				non (City, lown, i		(Stole) Land	
23. F	UNERAL DIRECTOR		1-1-	ADDRESS Emmitsburg.	Md.		D BY REGIST	RAR 245. REGI	STRAR'S SIGNAT		



VS A15 (4) 15M 9/55 I

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	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18													
		79	60	CERTI	FICA	ATE OF D	EATI	н		Reg. D	() Dist. No	797	74	
	PLACE OF DEATH O. COUNTY FY	ederick		MARY	LAND	2 USUAL RESIL G STATE	ENCE (WI	here deceased li aryland	ved. If institution b. COUNTY	oni Reside		ederi		
	b. CITY OR TOWN (IF RURAL and give no Frederic	oulside corporate lim- prest town) K	ts, write	c. LENGTH OF STAY		c. CITY OR 1		outside corporot ederick	e limits, write Rt	JRAL ond	l give ne	arest town	n)	
2	d. NAME OF HOSPITA	AL (If not in haspitol, g Atrick Stre	et	address)		d STREET A		Patrick	Street				SIDENCE FARMS NO 1	
	NAME OF DECEASED (Type or print)	FLO FLO	RENC	Middle E REBE		SMI		4. DATE OF DEATH	July			ру	Yeor 19 58	
5. :	Female	6 COLOR OR RACE White	7. MARE	NEVER MARRIE	- 1	8. DATE OF BIRTH Septemb		. 1	AGE (In years last bythday)	Months	R 1 YEAR	Hours	ER 24 HRS Min.	
100	USUAL OCCUPATIO		done 10b.	KIND OF BUSINESS O		-	ACE (State			12, C	ITIZEN (USA	COUNTR	
13	FATHER'S NAME					14 MOTHER'S								
		niel J. Ey.					Lydia	Ann Fo	_					
	NO NO	IN U. S ARMED FOR	ervice)	social security no None		Raymon	d D.	Smith, S				tree Mary		
	PART I, DEAT	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	/	ne for (a), (b), and (c).		Thum	lo	is			INI	ERVAL BE SET AND	DEATH	
	Conditions, if on	DUE TO		alenen	. 0	lum	~~!	erois				54	12	
	gave rise to in couse (a), stating t lying cause last.	nmediate (OUE TO		8										
CATION	PAIT II. OTH			CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERM	INAL DISEASE C	ONDITION GIV	EN IN PA	RT 1(0)	PERFO	DRMED R	
CERTIFICATION	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRE	D. (Enler nature of	injury in	Port I ar Part I!	of item 18)					
MEDICAL	20c. TIME OF INJURY Haur e. m. p. m.	Month, Day, Ye	20d. II While at wor	Not while		ACE OF INJURY H clary, street, affice			tawn)		(County)		(Slate)	
	21. I certify the	at I attended the	deceas	ed from Jisa		accurred at	, to 9:30	only !	3 19_9	,that I	fast s	aw the	decease	
	ACTUAL SIGNATURE	homes &		Ston	,				t, city or town,				ATE SIGNE	
	PHYSICIAN'S DI'	Thomas • Thomas E	. Sto	ne		Fred	erick	, Maryl	and .				****	
220	BURIAL, CREMATION REMOVAL (Specify) Durial	'	195 \$	Mount O		r Crematory	ry		N (City, town, o			(Slot Mary		
1	FUNERAL DIRECTOR'S		Fred	ADDRESS erick Mar	vlan	d.	24a. REC'	D BY REGISTRA		TRAK'S S				



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			796	CEI	CHEIC	AIE OF L	EAIH			Reg. D	ist. No		
-	1. PLACE OF DEATH 6. COUNTY	Frederick	:-:-		MARYLAND	2 USUAL RESIL	Maryl		. If institution b. COUNTY	oni Reside		deri	
A	b. CITY OR TOWN RURAL and give Frederick	(If outside corporate limi nearest town)	ls, write	L Day	STAY IN 16	c. CITY OR 1	Walke	corporate li		JRAL ond	give ned	rest town)
	of Institution Frederick	Memorial Ho	spita	oddress) L		d STREET A	DDRESS						PARMA NO TO
	3. NAME OF DECEASED (Type or print)	JOHN	'sl		NSON	STAUF	FER, JR.	F EATH	Jul		19, Yeor 58		
	s. sex Male	% COLOR OR RACE	7. MARRI WIDOWE	D DIVE	B. DATE OF BIRTH	r26,1893	9. AC	birthdoy) yrs.	Months.	Doys	Hours	R 24 HRS Min.	
1	Manager S	flon (Give kind of work orking life, even if ret red outhern arm	done 10b.	at Curin			yland	ngn country		12. C	USA		
	13 FATHER'S NAME John	Hanson Star	ıffer	, Sr.		14 MOTHER'S	Ellen N	elson					
	Yet he of unknown) Yes	VER IN U. S ARMED FOR		26-05-46		informant A. R. War	d Stauff	er–Sa	Addi Me as		#2		
		EATH [Enter only one co EATH WAS CAUSED BY. IMMEDIATE CAUSE (o		e for (o), (b), and	tial r	njanety	ñ.				INT ON:	RVAL BE	TWEEN DEATH
	Conditions, if ony, which) (b) fixerin south many thrombon										28 how		
	gove rise to couse (o), statin lying couse fas	t DUE TO)	arterio	rclei	the CI	10				10 yan		
	ICATIC	THER SIGNIFICANT CON	-				THE TERMINAL D			EN IN PA	RT 1(o) 1	PERFO	NO A
		VAS UNDERLYING [] NG [] CAUSE OF DEATH FY MEDICAL EXAMINER]	206. DESC	TRIBE HOW INJU		ED. (Enter noture o							
	20c. TIME OF INJU	1, 10	ar 20d. IN While of work	IJURY OCCURREI Not while of work	fo	LACE OF INJURY (I actory, street, office	Home, farm, 201 bldg., etc.)	(City or to	wu)		(County)		(Stote)
	21. 1 certify olive on	that I differded the	decease	· c/	indi deal	occurred ot	10:10P _M	from the	19 <u>58</u> causes a	,that I	last so	ow the	decease
	ACTUAL SIGNATURE	June 5	Ita		\		rsville	aa (311001, 1	illy of lown,	stote)		7/21	TE SIGNE
i k	PHYSICIAN'S NAME (Type)	Dr. James E	Sto	ner,Jr		* * * * * * * * * * * * * * * * * * *	ter (ME State our State State our our state of State out)			<u></u> -			
	220 BURIAL, CREMAT REMOVAL (Special	Fu)				OR CREMATORY			City, town, o			(State	
	23. FUNERAL DIRECTO	July 22,	1700	ADDRESS	OTIVE	t Cemeter	24a, REC'D BY R		erick,			la r yl	and
		ison & Son,	Fred		daryla:	nd	DATE TILL T		au	- (wel		

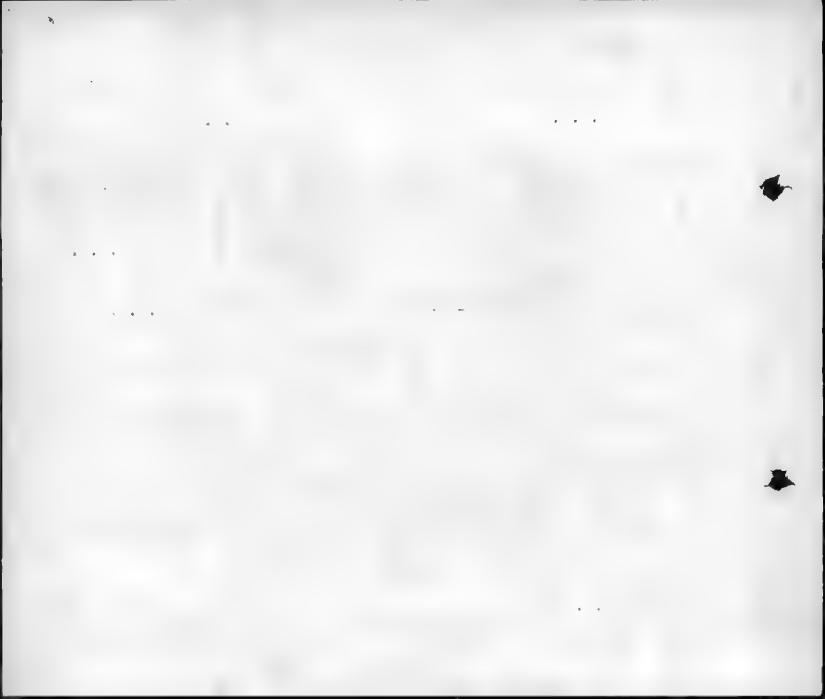
Wed in by the funeral director, es I and 2 should be fined with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the haspital of the physician.

TO FUNERAL DIRECTOR: After this cate has been signed by the ottending physician and complete the page 3 should be detached for use the burial-transit permit. Then please remove carbon pagers. Then 2 should be fired with the registrar prior to burial, cremation, at remayal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 7982 FOR STATE Reg. Dist. No. HEALTH DEPT. I PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) for your files. e. COUNTY a. STATE Frederick MARYLAND Maryland Frederick b CITY OR TOWN III outside corporate limits, write RURAL c LENGTH OF STAY IN 16 c CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) 111 and give negrest town? Mt Airy R.F.D.I Mt Airy R.F.D.I Life d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) . IS RE DEN E ON A FARME YES NO T NAME OF First Middle 4 DATE Lost Month Year DECEASED OF (Type or print) DEATH Hampton Thomas 58 July 5. SEX 6 COLOR OR RACE 7. MARRIED T NEVER MARRIED B DATE OF BIRTH 9 AGE (In years IFUNDER TYPART IF UNDER 24 HAS hast burthday) Months (") Hours 71 yo. Male Colored WIDOWED DIVORCED [7] I886 ond d 2 hor 100 USUAL OCCUPAT ON (G ve kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) age 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Laborer Frederick County JI.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address Ill yes, give wor or dates al service! 722-05-5300 Ida Thomas Mt R.F.D.I 18. CAUSE OF DEATH | Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART ! DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Conorary Thrombosis Minutes 420.1 **DUE TO** Conditions, if ony, which Cardo vascular disease 2 -vears gave rise to immediate cause **DUE TO** (a), stating the underlying couse last. PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO G 200 EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) 20d INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month Day, Year 20f (City or lown) (County) (Stote) factory, street, office bldg., etc.) Not while o. m. of work | of work | p 121 21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . opinion deoth resulted from. Natural causes 🕱 Accident 🗋, Suicide 🗍, Homicide 🗍, Undetermined monner recute the certific I should be forwa FUNERAL DIREC or its designated ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER B.O. Thomas 220 BURIAL CREMATION 1226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify) 70 ADDRESS 23 FUNERAL DIRECTOR'S SIGNATURE VS. A15ME







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If any delay is necessary, please exerce fynamial director. Page 4 should be Sistrar prior to burial, cremation, fur files, TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a cut a the certificate, writing the w. M. "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the farwarded to the Chief Medical Chiner's Office along with farm PM3. Page 5 may be retained I TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the or remaval.

VS. A15ME(5) 5M 9/55

	Reg. Dist. Ito.
1. PLACE OF DEATH O. COUNTY HOWATE Prodomick MARYLAN	2. USUAL RESIDENCE (Where decaysed lived. If Institution: Residence before odmission) a. STATE Maryland b. COUNTY Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL ond g ve town town town town town town town town	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Monrovia R.F.D. # 1
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) D. O. A. Frederick Memorial, Hosp	d. STREET ADDRESS o. IS RESIDENCE ON A FARM? ves. 10 NO (X)
3. NAME OF DECEASED (Type or print) Nora B. Middle W	A DATE Month Day Year Of DEATH July 20 19 58
FEMALE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED D	1 8. DATE OF BIRTH P. AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
during most of working life, even if relired) Own Home	DUSTRY 11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY U. S. A.
13. FATHER'S NAME Levi Tabler	14. MOTHER'S MAIDEN DAME ALVEROR LEWIS
(Variation or imbound) It (If you nive or dute, of regular) I mit	7. INFORMANT Clinton Wachter Same A 2
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. Couse lost.	peline, 8: Vertele. 1, 2, 3 ril left Side Some
IN THE PROPERTY OF THE PROPERT	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
	oute 40, Struck Ey andher and
Hour am. 7/20 While Not while	PLACE OF INJURY (Home, form, 20f, (City or town) (County) (State) factory, street, off ce bidg, etc.) Hullisme Horselfe Mil
21. I certify that I taak charge of the remains described a death resulted fram: Natural causes . Accident X.	Dispose, held an Autapsy 🖏, Inspection 📉, Inquiry 🖼, and find the Suicide 🔲, Hamicide 🔲, Undetermined cause 🔲.
ACTUAL BIGNATURE BOSTONIAS	M.D. CHIEF MEDICAL EXAMINER
EXAMINER'S B.O. Yhomai	ASSISTANT MEDICAL EXAMINER TO TO THE TOTAL STATE OF
Burial, CREMATION, 276. DATE THEREOF Damasous	Meth. 22d. LOCATION (City, town, or county) (Stote)
23 GUNERAL DIRECTOR & SIGNATURE ADDRESS OF COMMENTATION SVILLE,	Md. 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE



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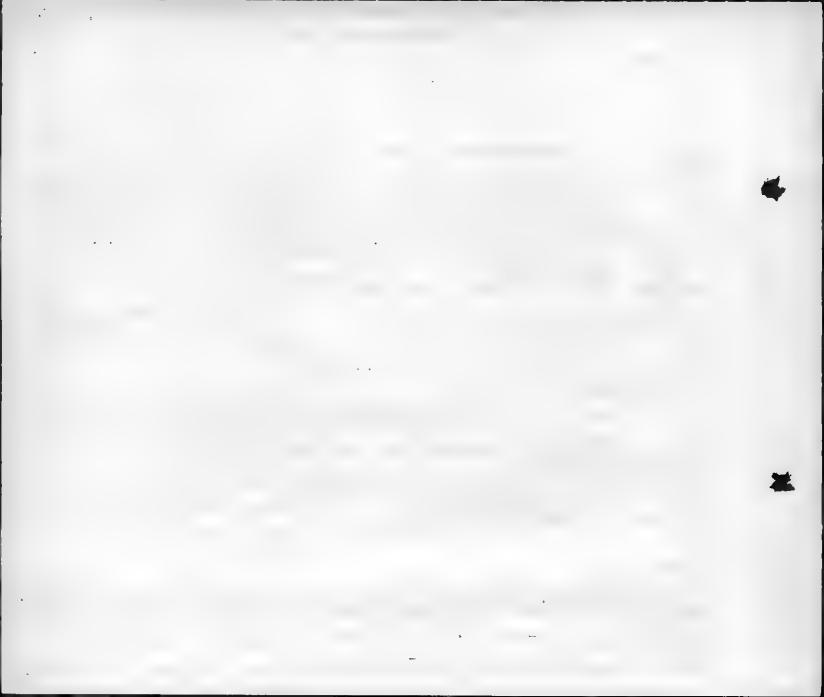
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Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE **b.** COUNTY MARYLAND Carroll Marvland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Mt. Airv Frederick d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARMS YES NOT Frederick Memorial Hospital NAME OF Middle Lost 4. DATE Month Day Year DECEASED (Type or print) DEATH 19 5 6. COLOR OR RACE P. AGE (In Jeors S. SEX 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS lost birthday) Months Days Hours WIDOWED [DIVORCED [7] 6 - 21 - 190YES. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? U.S. Marvland General Plasterer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Abraham Walson Clara Wetzel IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, INFORMANT Address (Yes, no, or unknown) Mrs. Elsie Duvall. Mt. Airy Md. 9-01-6458 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSEJ AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) 6 0/945 332 X **DUE TO** cerebral Artery Conditions, if ony, which gove rise to immediate **DUE TO** cottse (a), stating the underlying couse lost PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? YES NO Y 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) CERTI 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) (County) (State) factory, street, office bldg., etc.) o. m. While Nat while of work of work D. 191. 21. I certify that I attended the deceased from 193 of that I last saw the deceased and that death occurred at 3 alive on M, from the causes and on the date stated above. ADDRESS (Street, city or town, stota) ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREO! 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Mt. Airy 058 Pine Grove 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 246 REGISTRAR'S SIGNATUR 24a, REC'D BY REGISTRAR Winfield. Md. Waltz. JUL 25

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE	C
	CERTIFICATE

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	7984		CERTIFIC	ATE OF	DEATH	1		Reg. Di		073	180
1. PLACE OF BEATH o. COUNTY Fre	derick		MARYLAND	II a. STATE	Maryl		lived. If institution b. COUNTY				sion)
b. CITY OR TOWN RURAL and give of Frederick	(If autside corporate limearest town) -Rural RD#3		c. LENGTH OF STAY IN 16	H			ote limits, write Rural RD#		give nec	rest town	n)
d. NAME OF HOSPI OR INSTITUTION Bloomfiel	TAL (If not in hospital,)	give street	oddress)	d. STREET A	Bloom	field					SIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	ELLA	rst	Middle CATHERINE	YOUNG	st	4. DATE OF DEATH	Man J	uly	Do	*	Yeor 1958
5. SEX Female	6. COLOR OR RACE	7. MARI WIDOW	ED DIVORCED	8. DATE OF BIRT			P. AGE (In years lost birthdoy) 93 yrs.	Months	1 YEAR Days	Hours	ER 24 HRS. Min.
gntiuß mött og wo	ON (Give kind of work rking life, even if retired	done 10b.	KIND OF BUSINESS OR IND At Home		rylan	_	untry)		SA.	F WHAT	COUNTRY
13. FATHER'S NAME Ezra	Toms			14 MOTHER'S	MAIDEN N	_					
15. WAS DECEASED EV	ER IN U. S. ARMED FOI (If you, give wor or dates of		**	r. Charle	s B.	Young	(Same a		m #1	L)	
	the <u>under-</u>	, ai	llrio-solliote			ular,	Design	e .	ONS /-	ERVAL BE ET AND	DEATH
3 Prola	terest To-b	ar J	CONTRIBUTING TO DEATH B	n 41	OX			EN IN PAR	T 1(o) 1	PERFC	AUTOPSY DRMED?
OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJU Hour o. m. p. m.	AS UNDERLYING GOVERNMENT AS UNDERLYING GOVERNMENT AS UNDERLYING G	or 20d. I	NUURY OCCURRED 200.	PLACE OF INJURY (foctory, street, effici	(Hame, form	, 20f. (City		(1	County)		(Stote)
21. I certify to alive an	hat I attended the	deceas 19.5	ed from July 5		1 A	M, from ADDRESS (Str	eet, city or lown,	nd an f		te state	
PHYSICIAN'S NAME (Type)	E. A. Dettl	oarn,	M. D.	mercia , son did also alle alle sup son			No day you was sent and sent too one way an				
220. BURIAL, CREMATION REMOVAL (Specify Burial	7-10-58	OF .	Mount Olive		y		ON (City, town, o	_	d	(Stat	(e)
23. FUNERAL DIRECTOR		ı. Fr	ADDRESS ederick Marv	land		D BY REGISTE	AR 245 REGIS		GNATUI	RE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours after death. Page 4 filled in by the funeral director, es 1 and 2 should be filed with may be retained by the hospital expetending physician.

TO FUNERAL DIRECTOR: After this filticate has been signed by the attending physician and camplete page 3 shauld be detached for use at the burial-transit permit. Then please remove carbon papers. the registrar prior to burial, cremotian, or removal, and in any event within 72 hours offer death.

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